

# 2024 Wayne Junior Police Academy Application



**Chief John C. McNiff**

**Academy Dates :** Monday, June 24th - Thursday, June 27th

**Eligibility :** Wayne residents aged 10 to 12 yrs old (at time of Academy)

**Location :** Wayne Valley High School  
551 Valley Rd, Wayne NJ 07470

Applications will be accepted starting **April 2, 2024.**  
(**10:00 am** at the Wayne Police Department Records Bureau.)

**Notification of Acceptance :** Week of May 6th by mail or email

**Academy Fee :** \$75.00 **\*\* Check, Cash or Money Order ONLY\*\***  
Payable to : **Township of Wayne**

Any Questions regarding the Academy should be directed to coordinators:

**Detective Ray Caronia :** [Caroniar@waynetownship.com](mailto:Caroniar@waynetownship.com)

**Detective Sergeant Henry Ellis :** [Ellish@waynetownship.com](mailto:Ellish@waynetownship.com)

Please DO NOT call the police department inquiring about your child's application status.

This year's Junior Police Academy will be held at Wayne Valley High School located at 551 Valley Road. Enrollment will be restricted to 80 recruits. All applicants must be Wayne residents who are between the ages of 10 and 12 at the time of the academy. Applications will be accepted on a first come, first serve basis. The first 80 applications received will determine who is accepted to this year's academy class. Any applications received after the first 80 will be placed on a waiting list. If any of the first 80 applicants decide not to participate, the waiting list will then be used to fill any openings. The waiting list will also function on a first come, first serve basis.

There is a \$75 fee per child for participation in the Wayne Junior Police Academy. A check/cash/money order made payable to the **Township of Wayne** must be submitted with the application. Applications without payment will be rejected. There will be no refunds after May 1st. No refunds will be provided for any child who quits or is expelled from the program due to a violation of the academy rules. All completed applications must be returned to the **Wayne Police Department: Records Bureau in person**. All children who are accepted into the program will be notified by email and provided further instructions regarding the academy. Please do not contact the Police Department inquiring about your child's application status.

Our objective is a week of education and fun through a Police Academy format. The curriculum will include various presentations from guest law enforcement agencies, hands-on practices and physical training to give the recruits an idea of what is involved with becoming a Police Officer.

**Academy Daily Schedule:** Monday and Wednesday 8:00 am - 2:45 pm W.V.H.S

Tuesday 8:00 am Drop Off at the Wayne PAL & 2:45pm Pick Up at Wayne PAL.

Thursday 8:00 am Drop Off at W.V.H.S and 1:00pm Graduation ceremony commencement in the school auditorium.

We expect ALL recruits to be dropped off ON TIME at Wayne Valley High School. Transportation to and from the Academy is the responsibility of the recruit's parent or guardian.

**The Wayne Police Department will provide lunch to the recruits for the entire program. This will be incorporated in the \$75.00 application fee.**

Note: Wayne Schools Nutrition Services/Sodexo will provide student friendly meal options. The meal will offer a vegetable, fruit and starch with milk or juice. The meals are peanut/tree nut free and adhere to the Wayne Public School District's Wellness Policy. If you have any questions or special needs (i.e. Gluten Free) regarding the lunch program please feel free to call (973) 317-2239.

**\*\* On Thursday, June 27th, Pizza and cake will be provided to the recruits from an outside vendor. If there is a potential allergy concern, please let the academy coordinators know immediately.\*\***

**\*\*Recruits are required to bring one healthy morning snack per day\*\***

On Thursday, June 27th, the Junior Police Academy will culminate in a graduation ceremony at the Wayne Valley High School Auditorium. Family members are invited and encouraged to attend the ceremony. The graduation ceremony will begin promptly at 1:00pm in the auditorium with a short video from the week's events.

We are hopeful the interaction that will take place between your children and the members of our police department will have a positive effect on all involved. As police officers, we thoroughly enjoy participating in this program each year and look forward to working with your children.

It is highly recommended that all children undergo a physical by their pediatrician or family physician prior to the start of the academy. Due to the physical demands of the academy, any child who has a medical condition limiting their ability to participate in the academy may be required to obtain medical clearance prior to the start of the academy.

If your child is accompanied with an EPI PEN or INHALER KIT, **PLEASE** have it stored in a clear ziplock bag with your child's name on it written in black marker (clearly legible).

# **APPLICATION**

Please fill out the following requested information completely and clearly.

***Any false, incomplete or illegible information will exclude the applicant from participating in this program.***

Student's Name : \_\_\_\_\_  
(First Name) (Last Name)

Home Address: \_\_\_\_\_

Sex (M or F) : \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School Name : \_\_\_\_\_ Next Grade Attending : \_\_\_\_\_

**(Please Circle your Child's appropriate size Shirt and Shorts)**

**Adult Tee Shirt Size : S M L XL**

**Adult Short Size: S M L XL**

**Youth Tee Shirt Size : M L XL**

**Youth Short Size: M L XL**

**Parent/Guardian Name : \_\_\_\_\_**

**Parent/Guardian Number: \_\_\_\_\_**  
(Home) (Cell)

**Email Address \_\_\_\_\_**

**Emergency Contact Name : \_\_\_\_\_**  
(First) (Last)

**Emergency Contact Number : \_\_\_\_\_**

# Code of Conduct

Recruits will refrain from physical and verbal violence towards other recruits and academy staff.

Recruits will act in a professional manner at all times and follow the directions from the academy staff.

Recruits will wear the uniform supplied, along with athletic sneakers during each academy day.

Recruits will wear their uniforms appropriately and in accordance with the academy rules.

Recruits will refrain from vulgar, offensive or threatening speech.

Recruits will follow all the rules and regulations as directed by the academy staff.

Recruits will refrain from bullying, teasing or harassing other recruits.

Recruits will arrive promptly on each morning of the academy.

Recruits will not be allowed to bring iPhones, MP3 players, video games, or other electronic gaming or music devices to the Academy.

Cell phones are allowed but must remain off or silent and will only be used for emergencies.

Any injuries or illnesses suffered by the recruit should immediately be brought to the attention of an instructor.

Any act or threat of physical violence towards another recruit or staff member will result in the recruits' immediate removal from the program.

***Recruits who violate any of the Academy rules will be expelled from the program.***

## Parent/Guardian to Complete

I, \_\_\_\_\_ have reviewed the code of Conduct with my child and we understand and agree to abide by the rules as outlined above. It is understood that any violation of these rules will result in your child's removal from the program. I understand that **NO REFUND** will be provided after June 1st. I also understand that **NO REFUND** will be provided if my child is expelled from the program for the violation of the Academy Code of Conduct or if my child quits the program.

**Parent/Guardian Name :** \_\_\_\_\_

**Signature :** \_\_\_\_\_ **Date :** \_\_\_\_\_

## **Authorization and Release**

The undersigned parent/guardian, understanding all activities and requirements, requests the opportunity and privilege to have his/her child participate in the Wayne Police Department's Junior Police Academy. The undersigned agrees to have his/her child obey any and all directives or orders of any member of the Wayne Police Department while he/she is engaged in any and all activities relating to the Junior Police Academy, as well as strictly adhere to any departmental safety rules and/or regulations.

The undersigned further acknowledge that the privilege of participating in this program may be rescinded at any time during the course of the Junior Police Academy as a result of improper behavior or other factors that may be detrimental to the safety or well-being of any other participants or instructors, and the decision to rescind this privilege is in the sole and absolute discretion of the police officers involved. Furthermore, the undersigned acknowledges receipt of the instructional and code of conduct pages of this application and certifies that he/she has reviewed these pages with his/her child and agrees to abide by those instructions and rules.

The undersigned certifies that their son/daughter is between the ages of 10 and 12 and is a resident of Wayne Township; that all of the information contained in this application is correct and truthful to the best of my knowledge; that I have read the above instructions and agree to abide by these regulations; and that I have signed this authorization and release of my own free will.

The undersigned also understands that the Junior Police Academy generates interest from the news media, both print, internet and televised, and authorizes the release of my child's image for use in any news media story relating to the Junior Police Academy. I also authorize the release of my child's image (not name) for use in any and all presentations or other media to be used for or by the Wayne Township Police Department and Wayne Policemen's Benevolent Association regarding this program.

**Parent/Guardian Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Medical Waiver/Release

Please Fill out the following requested information completely. Please print all answers clearly:

***Any False, incomplete or illegible information will exclude the applicant from participating in this program.***

Does your child suffer from any medical conditions? \_\_\_\_\_ if yes, please explain.

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Does your child require any medication on a daily or emergent basis? \_\_\_\_\_ if yes, please explain.

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Are there any special needs that the staff of the Junior Police Academy should be aware of?

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I, the undersigned parent/guardian of \_\_\_\_\_ state that the above health history information provided to the Wayne Police Department is true and that my child is physically able to participate in the Junior Police Academy. I, the undersigned parent/guardian, also hereby releases and forever discharges the Township of Wayne, the Wayne Police Department and all of its officers, Wayne Valley High School, Passaic County Police Academy and any other agents or employees of participating agencies, from all claims and causes of action as a result of personal injuries, damages or other losses of any nature whatsoever, which may result or occur at any time while the child of the undersigned is participating in any of the activities of the Junior Police Academy. I further understand that any and all medical costs related to any injuries will be the sole responsibility of the undersigned parent/guardian.

I hereby certify that \_\_\_\_\_ is of satisfactory health and has no underlying medical conditions that would prohibit him/her from participating in physical training exercises performed during the course of the Wayne Junior Police Academy.

**Parent/Guardian Name :** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_