



The Bergenfield Police Department is pleased to announce a Youth Police Academy for 2026. Applications are being accepted for Class #10.

The academy is a one week “day camp” (Monday-Friday) that is offered to young men and women of Bergenfield who will enter the 6th grade to 8th grade in September 2026. The academy is free of charge.

The academy will begin on Monday, July 27th, and run through Friday, July 31st, 2026.

The motto of the Bergenfield Youth Police Academy this year is **“Respect-Pride-Honor.”** The Department’s objective is to educate the cadets about public service. We place strong emphasis on self-respect, respect of others, teamwork and commitment to one’s goals. We will accomplish our objective by establishing a structured program. Events will be offered in a fun, informative, interactive, educational and hands on manner. The format will be similar to the actual police academy cadet experience.

The curriculum will consist of educational activities as well as physical training activities. The daily programs will include presentations from educators, interaction with county agencies and field trip(s).

The Academy will be held in the Bergenfield area. The program will run from 7:30 am to 3:30 pm hours. Please keep in mind that there may be modifications of scheduled hours on field trip date(s), however, your child will be notified in advance. **You must be prompt when dropping off and picking up your child.**

Snacks and drinks for cadets will be provided by the Police Department. However, we cannot accommodate special dietary or nutritional needs. Cadets will be required to bring a bagged lunch. Please fill out the enclosed paperwork regarding your child’s dietary and special nutritional needs and or allergies.

Attire: Each cadet will be provided a uniform. They are required to be worn from the 1st day of the academy until the completion of the program, including graduation. It should be noted that these uniforms **must be cleaned daily**.

Upon completion of the academy, there will be an official graduation ceremony. Details will be provided. Cadets and family members are invited to attend the ceremony.

Note: At any time, the program director may terminate a youth from participating in the academy for non-compliance with the rules as set forth in the paperwork and as given at the parent orientation throughout the Academy. As such, each parent and cadet should be well acquainted with the requirements.

Attached, please find the required application form that **MUST BE** completed and returned to the Bergenfield Police Department, Records Bureau at 198 North Washington Ave Bergenfield, NJ. **Applications will be accepted starting April 13th, 2026 through April 17th, 2026, between 8:30 AM – 4:00 PM. Space is limited to 48 applicants.**

Pages 4 through 10 of the application must be completed and legible or it will not be accepted. Please be advised that submission of an application will only be accepted during the permitted days / times and does not guarantee acceptance into the program. If you have any questions, please feel free to contact Captain William Duran at 201-387-4000 x4002 or wduran@bergenfieldnjpd.gov. All paperwork must be completed and signed where indicated or your child will not be permitted to attend. Even if your child does not take medication and/or you do not give permission for your child to be dismissed without a parent/guardian, **these forms must be completed**.

Bergenfield Police Department Youth Police Academy

2026

RULES AND REGULATIONS

- 1. Respect yourself and others at all times.**
- 2. Raise your hand if you want to speak.**
- 3. When you are acknowledged, you will stand and respond with “yes sir, no sir, yes ma’am, no ma’am”.**
- 4. Pay attention to the speaker**
- 5. Classroom/class trip disruption will not be tolerated**
- 6. All participants will follow directions of all police officers or civilian instructors.**
- 7. Do not litter.**
- 8. No foul language.**
- 9. No “horse-play” allowed.**
- 10. Academy t-shirt and shorts are to be worn every day, including the graduation ceremony. Please wash daily!**
- 11. Stay with your group on field trips.**
- 12. Video games, iPods. etc. are not allowed.**
- 13. No hats! (bring plenty of sunscreen!)**
- 14. A guardian form is required if you are walking home or if someone other than your guardian is picking you up at the end of the day. See attached form.**
- 15. No smoking!**
- 16. No sagging shorts, shirts must be tucked in.**
- 17. No make-up.**
- 18. No jewelry.**
- 19. Long hair must be worn up (male or female).**
- 20. You are expected to conduct yourself as a lady or gentleman at all times. Proper decorum is demanded.**
- 21. If a cell phone is brought to the academy, it must be turned off. There will be no phone calls, emails, and/or texting during the academy. (Parents will be able to contact their children via the police desk in case of a family emergency 201-387-4001)**



THE FOLLOWING INFORMATION IS REQUESTED OF ALL PROSPECTIVE PARTICIPANTS IN THE BERGENFIELD YOUTH POLICE ACADEMY. ANY FALSE OR INCOMPLETE INFORMATION COULD EXCLUDE THE APPLICANT FROM PARTICIPATING IN THIS PROGRAM. **YOU MUST PRINT CLEARLY.**

STUDENT INFORMATION:

STUDENT'S NAME: _____
(FIRST) (LAST)

ADDRESS: _____

HOME PHONE: _____ CADET CELL # _____

DATE OF BIRTH: ___/___/___ AGE: _____ M/F: _____

CADET EMAIL: _____

HAVE YOU EVER PARTICIPATED IN A YOUTH POLICE ACADEMY PROGRAM IN THE PAST? _____

PARENT/GUARDIAN INFORMATION:

PARENT/GUARDIAN: _____

PARENT EMAIL: _____

HOME #: _____ WORK #: _____ CELL #: _____

ALTERNATE EMERGENCY CONTACT: (OTHER THAN PARENT INFORMATION LISTED ABOVE)

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____ CITY: _____

HOME PHONE #: _____ CELL #: _____

SCHOOL INFORMATION:

MUST BE ENTERING MIDDLE SCHOOL GRADE 6th through 8th IN SEPTEMBER 2026 TO BE ELIGIBLE FOR THE ACADEMY.

NAME OF CURRENT SCHOOL: _____ CURRENT GRADE: _____

SCHOOL ATTENDING IN SEPTEMBER 2026: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PRINCIPAL: _____ GUIDANCE COUNSELOR: _____

Please circle Shirt and Short size and Adult or Youth

TEE SHIRT SIZE (S) (M) (L) (XL) (XXL) YOUTH OR ADULT

GYM SHORT SIZE (S) (M) (L) (XL) (XXL) YOUTH OR ADULT

OVERSIZE OR UNDERSIZE CLOTHING **WILL NOT** BE ACCEPTABLE AND THE CADET WILL BE REQUIRED TO SELECT UNIFORMS IN THE CLOSEST SIZE AVAILABLE.

(PARENT/GUARDIAN) PRINT NAME

(STUDENT) PRINT NAME

(PARENT/GUARDIAN) SIGN NAME

(STUDENT) SIGN NAME

DATE: _____



MEDICATIONS

Please list below any prescribed medications that your child is required to take regularly. Please indicate below whether or not your child will be required to take or carry the medication with him/her during the Youth Police Academy. Medication must be in original prescribed package. The Borough Nurse will be on staff during the academy for any medical emergencies.

Please be advised that the youth may be afforded the opportunity to board a boat, ride a horse, and other outdoor activities. Should you wish your child not to participate in a certain activity or should your child have any special restrictions, please list below. Include any dietary issues/allergies here also.

Name of Youth: _____

My child: Does NOT take any prescribed medication (you must sign the form below)

DOES take prescribed medication (complete the information below and sign the form)

Please list any Medical Conditions: _____

Please list any medications your child takes: _____

Dosage/Administration (times per day): _____

Any special needs/restrictions: _____

Does your child have any allergies? (food, medicine, other) _____

Will your child need to take medicine during the duration of the Academy? _____

Will the medication(s) need to be administered by the Borough Nurse OR will your child be made responsible for their own medicine? Borough Nurse Cadet

Parent's Signature: _____ Date: _____



Cadet Name: _____

Family Physician: _____ **Telephone:** _____

Medical Insurance Information: please note-we are taking insurance information strictly in case of an emergency. The Borough has insurance in place, but it is to be used as a secondary insurance after the applicant's primary insurance. If an applicant does not have any medical insurance, the Borough insurance will be substituted from secondary to primary insurance.

Insurance Carrier: _____

Insurance ID: _____

Name of Insurance Policy Holder: _____

Insurance Policy Holder's DOB: _____

Insurance Policy Holder's Relationship to the Cadet: _____

The Bergenfield Borough Nurse, Bergenfield Police Department, Staff and all volunteers are hereby granted permission to secure such medical aid and hospital service, which the Borough employees deem necessary for the person noted on this medical release form, if he/she were to sustain an injury or illness during the Youth Academy Program. I have indicated all health concerns and medical information that the Borough should be aware of regarding the above state applicant's physical and mental well-being.

Signature of Parent/Guardian: _____

Date: _____

**BERGENFIELD YOUTH POLICE ACADEMY
Hold Harmless Agreement
2026**

The undersigned _____, hereby gives permission and authorization
(PRINT PARENT/GUARDIAN NAME)
for my son/daughter _____, to participate in the Bergenfield Youth Academy
(PRINT NAME OF CHILD)
including physical training/exercise/sports, all the activities outlined in the calendar of events, as well as transportation to and from said events and consent for photography/videotaping/interviews.

I hereby release and give up any and all claims and rights that I may have now or at any time in the future against the Borough of Bergenfield, the Bergenfield Police Department including their employees, organizers, sponsors, supervisors, participants, officers, agents, volunteers and officials from and against any loss, damage, liability, judgment or demand including attorney fees and defense costs which arise out of injuries to persons, including death, or damage to property caused by that party, his employees, agents or any other person or persons which may result or occur as a result of participation in the Youth Police Academy. I assume all risks and hazards incidental to such participation. I understand that any physical fitness activity can be potentially dangerous. I have been cleared by a medical doctor of my choice for use of such facilities and to participate in an exercise program. I understand that the Borough of Bergenfield does not provide insurance coverage to any participant for liability, including medical coverage, accidental death or injury.

This release shall constitute a release for all claims, including those that I am unaware of, whether the result of negligence or for any other cause.

I am bound by this release and anyone who succeeds my rights and responsibilities, such as heirs or executors, are also bound. This release is made for the benefit of myself and responsibilities under the release.

I fully understand and agree with the terms of this release. I am making this release of my own free will and choice and represent that this is a voluntary act on my part.

The undersigned further agrees to have their child obey directives of youth academy instructors, police officers or their designees while accompanying said officer. Additionally, participation in the program can be rescinded at any time during the course of the academy without cause and is the sole and absolute discretion of the police instructors.

I hereby attest to having read this document and the calendar of events and acknowledge the understanding thereof.

PARENT/GUARDIAN SIGNATURE

DATE



Permission for Dismissal

Cadet Name: _____

Will be:

_____ Picked up by Parent/Guardian (ON TIME!)

_____ Permitted to Walk Home

_____ Other (Please Specify)

Parent/Guardian Print Name

Parent/Guardian Sign Name

Date