## Raleigh Police Department Youth and Family Services Camp Application

## PARTICIPANT INFORMATION \* required field

Camp Appl	icant Name*			Age*	Gender*
PAREN <sup>1</sup>	Γ/GUARDIAN INF	ORMATION :	required field		
First Name		Initial		Last Name*	
Address* M	ust be a City of Raleigh resident				
City*			State <sup>3</sup>	<del>(</del>	Zip*
Primary Co	ntact Phone #*	S	Secondary Contact Pho	one #	
Email addre	2SS*				
The Raleigh	AND DATES  Police Department welco			•	
facilitate pa effort be m	to compliance with the Articipation in this program ade to inform us of reason a contacting Sergeant Renal	n. To ensure that re able accommodat	asonable accommoda ion requests at least 2	ntions are in pla weeks prior to	ace, we ask that every the start date of the
_	h Police Department does ntation, or disability in en				origin, sex, religion, age, es, programs or activities.
Check the C	Camp(s) you are interested	in (please select up	to three camps):		
	RBI Mentorship Baseball	League (Co-ed): Ma	ay 2020-August 2020		
	Girls Basketball Camp: Ju	ly 6-10, 2020			
	Girls Inspiring Real Leade	ership and Sisterho	od (G.I.R.L.S. Camp) Se	ssion 1: June 1	5-26, 2020
	Girls Inspiring Real Leade	ership and Sisterho	od (G.I.R.L.S. Camp) Se	ssion 2: July 13	3-24, 2020
	Leaders of Tomorrow Car	mp: July 6-17, 2020	)		
	Junior Police Academy (C	Co-ed): July 27-Aug	just 7, 2020		
	Girls Soccer Camp: Augus	st 10-14, 2020			
	Boys Soccer Camp: Augu	st 17-21, 2020			
	Explorers Post 911: Year-	round			

## **PARENT/GUARDIAN**

Please fill out the following information:

Note to Parents: Please submit the following information so we can ensure that this program is the best fit for your child. Submission of this information does not guarantee admission into the program. Applicants will be selected based on honest answers from the questionnaire.

How did you hear about Youth Summer Camps?*
What are your child's strengths?*
In what areas can your child improve*
Does your child have a past history with substance abuse? (Marijuana, prescription pills, alcohol, etc.)*
Has your child repeated a grade?*
Are there any learning disabilities you feel we should be aware of? Does the school make special accommodations for your child that we can provide at camp?*

How is your child's relationship with school teachers and staff? *
How is your child's relationship with other students in school? Does your child struggle with bullying, peer pressure, or any other issues? *
What are you child's interests and/or career goals? *

PLEASE MAIL OR E-MAIL COMPLETED FORMS TO THE CONTACT BELOW: Youth Services Unit | 5226 Greens Dairy Road, Raleigh, NC 27616 | youthandfamilyservices@raleighnc.gov