



# 2024 SHOP WITH A COP



## Application

**Cayce Police Department  
In Partnership with Cayce Public Safety Foundation**

### Shop With a Cop

The Cayce Police Department welcomes the opportunity to work with families in our community, who may not have the same opportunities as other children. Shop With a Cop is one of the ways we strive to strengthen our community and reach out to these families.

Our department utilizes this program to reinforce a positive police experience for the children and their families alike. Through the generous donations to the Cayce Public Safety Foundation, we can take children in need Christmas shopping, allowing them to purchase gifts for themselves (and many chose to buy gifts for family members as well). Applications will be accepted at the Cayce Police Department, or they can be emailed to [Alopez@caycesc.gov](mailto:Alopez@caycesc.gov)

Deadline for Applications is December 9 , **2024**. The notification of families will begin **December 13, 2024**

Shop With A Cop will be held on **December 21, 2024**

- ◆ Children must be **4-17** years old to participate.
- ◆ Family resides in Lexington County with a preference being placed on City of Cayce Residents.
- ◆ Child must be present and on time on December 21st to participate.
- ◆ Parents/Guardians must remain at location during event.

A committee will make selections from the applications based on information received through this process. Given the popularity of the program, we may have more applicants than openings.

**By completing and signing this application, you give the Cayce Police Department the right to make inquiries to other organizations about assistance you are receiving. Your signature also gives the Cayce Police Department permission to publish pictures taken during the event.**

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



**Please fill out the application completely, all applications must be emailed, or dropped off to the appropriate address below.**

**CHILD INFORMATION:**

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

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Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

**\*\***Name of Responsible Party: \_\_\_\_\_

Relationship to Child: (check one) Parent \_\_\_\_\_ Foster Parent \_\_\_\_\_ Guardian \_\_\_\_\_

Other: \_\_\_\_\_ Referring Agency: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

**\*\***Phone Number: \_\_\_\_\_

Total Household Income: \$0-\$9,999 \_\_\_\_\_ \$10,000-14, 999 \_\_\_\_\_ \$15, 000-19,999 \_\_\_\_\_

\$20,000—24,999 \_\_\_\_\_ \$25,000-29,999 \_\_\_\_\_ \$35,000— 39,000 \_\_\_\_\_ Over \$40,000 \_\_\_\_\_

Number of People Living at this Address: \_\_\_\_\_ Are you presently working? \_\_\_\_\_

- If yes, name or company or organization: \_\_\_\_\_

Primary Reason this child or family is being referred: \_\_\_\_\_

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Is this child going to be involved with or nominated for any other program? \_\_yes\_\_\_\_no

If so, list the organizations: \_\_\_\_\_

**Return Applications to:**

**Cayce Police Department**

**2 Lavern Jumper Road**

**Cayce, SC 29033 or**

**email**

**Alopez@caycesc.gov**

**\*\* Must be included with application**