



2025 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 jriley@caycesc.gov

Deadline for Applications is December 5 , **2025**. The notification of families will begin **December 12, 2025**

Shop With A Cop will be held on **December 20, 2025**

- ♦ 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 20th 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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****** 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: _____

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

JRiley@caycesc.gov

**** Must be included with application**