

November 1, 2024

Dear Parent or Guardian,

We are honored to offer your child the opportunity to participate in the Conyers Police Department's **Shop with a Cop** event. This event works to bring the holidays to youth in Rockdale County while developing a strong bond between the youth of our community and our Conyers police officers.

Each young person will fill out their "Wish List" of 5 items they want. Each young person can ask for up to \$100 on gifts for themselves and their families. Shop with a Cop will take place on Saturday, December 21, 2024 7:00am – 10:00am. The event will take place at Walmart Supercenter, 1436 Dogwood Dr SE, Conyers, GA 30013.

The attached application must be filled out completely, signed, and returned to the Conyers Police Department, **no later than December 10, 2024.**

Parents/Guardians are responsible for providing transportation for their child(ren) to and from the event. Arrival time is 7:00am and ends promptly at 10:00am.

We are very excited about this year's *Shop with a Cop* event and are honored to offer your child the opportunity to participate. We look forward to seeing you on December 21th!

Sergeant Jesus Cadena

Community Engagement Sergeant

Conyers Police Department 1194 Scott Street Conyers, Georgia 30012





Program Application

The application must be returned to Conyers Police Department no later than December 10, 2024.

ONE APPLICATION PER CHILD, IF YOU HAVE MORE THAN ONE CHILD -FILL OUT ANOTHER APPLICATION, PLEASE.

CHILDREN MUST BE PRESENT AND MUST BE IN GRADES K THOUGH 5TH GRADE TO PARTICIPATE, OR THEIR

OPPORTUNITY TO SHOP WITH A COP WILL BE FORFEITED.

PLEASE PRINT NEATLY

Has your child ever participated in the Conyers Police Dept.'s Shop With A Cop Program? Ye Is your child receiving help from any other community program for the holiday season? Yes				No No
Is your child a resident of Rockdale County? Yes Yes Yes Yes			_	No No
(please use the back of this form to explain)				
YOUTH INFORMATION				
Name of Youth:				
(Last – if you have two last nam		⁄liddle)		
Age: Grade:	School Attending:			
Gender: Male Female:				
PARENT/GUARDIAN INFORMATION			_	
Please provide the following information for	the adult caregiver who will accompany your child to Sho	p with a	Cop.	
Last Name:	First Name:			
Relationship to Youth:				
Telenhone: Cell:	Other:			
(minimum of 2 numbers)				
	and a della mine			
MEDICAL INFORMATION List any known medical conditions and/o	or food allergies:			
	or food allergies:			



CLOTHING SIZE	Ē		
Shoes:	Shirt/Blouse:	Underwear:	Pants:
GIFT WISHES (TO BE FILLED OUT B	Y YOUTH)	
Something that	I need:		
	I want:		
Something that			
PHOTOGRAPH	Y PERMISSION (PLE	ASE INITIAL ONE)	d. (Photographs will be used by the Conyers
·		or my child to be photogra	
		***PLEASE READ *	**
the program. By phone has a blo allow an unknov	y signing below, you co ck or you do not accep wn or blocked number	pproval but is not a guarai onfirm all the information ot calls from an unknown n	ntee your child or children will be included in you have provided is true and accurate. If your umber, please give a phone number that will not answer after four attempts, this application
PARENT/GUAF	RDIAN SIGNATURE		
		natch name listed above.	
 Signature			Date

Please leave the application with personnel at Conyers Police Department or mail your application to

SHOP WITH A COP

Sergeant Jesus Cadena

1194 Scott Street Conyers, GA 30012

If you have any questions, please leave a message at 678-577-8476 or send an email to jesus.cadena@conyersga.gov

