

BERGEN COUNTY YOUTH POLICE ACADEMY 2026



The Bergen County Prosecutor's Office and the Bergen County Sheriff's Office are pleased to announce that applications are being accepted for the Bergen County Youth Police Academy – Class #20.

The Academy is an all-day program offered to high school students residing in or attending high school in Bergen County. Preference will be given to students entering the 11th or 12th grade in September 2026. The Academy is free of charge.

This year's Academy will be held July 20 – July 31, 2026. Upon completion of the Academy, there will be an official graduation ceremony on Friday, July 31st. Details will be provided. Family members and friends are invited to attend.

The motto of the Bergen County Youth Police Academy is "Honor – Respect – Commitment." We place strong emphasis on self-respect, respect of others, teamwork, and commitment to one's goals. The cadets will learn that these attributes can be achieved with focus, discipline, and personal responsibility. The program, especially in the beginning, will be both physically and mentally taxing. However, it has been our experience that cadets who complete the Academy enjoy a positive and worthwhile experience that they draw upon in the future.

The Academy curriculum consists of educational activities as well as physical training activities. The format is similar to what actual police academy cadets experience. All of the squad instructors are law enforcement officers. Our objective is to educate the cadets about public service, including law enforcement, emergency services, the judiciary, and county government. There will be structured events offered in a fun, informative, interactive, educational, and hands-on manner.

The daily programs will include educational presentations, interaction with public agencies, and physical activities. The cadets will be exposed to state, county, and municipal police agencies. Cadets will participate in daily physical training; there will be running and calisthenics.

The drop-off and pick-up location for the Academy will be at the Bergen County Jail, 160 South River Street, Hackensack. The program runs from 8:00 a.m. to 4:00 p.m. every day. (First day reporting time is 7:45 a.m.). Please keep in mind

that there may be modifications to the scheduled hours, but your child will be notified in advance. You must be prompt when dropping off and picking up your child.

Lunches for the cadets will be provided by the Academy. We cannot accommodate special dietary or nutritional needs or allergies. However, cadets may bring their own lunch, and we will keep it cool for them. We have no ability to heat up any lunches. Please complete the enclosed paperwork regarding your child's dietary and special nutritional needs and/or allergies.

Attire: Each participant will be provided with t-shirts and shorts, which must be worn beginning on the second day of the Academy through the completion of the program including graduation. Cadet uniforms must be cleaned daily - preferably by the cadets themselves.

For the program to be successful, full participation is required. Each accepted cadet is required to attend every day of the program. There are no exceptions for driving tests, vacations, sports, or other activities. **THIS IS A FULL 10-DAY COMMITMENT. DO NOT APPLY IF YOU CANNOT FULFILL THIS TIME REQUIREMENT.**

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

Moreover, as stated above, the Academy requires a level of focus and discipline that cadets may find daunting initially. It is incumbent upon both parents and participants to see the entire program through to completion. The Academy is in high demand and once someone is accepted and agrees to participate, the admitted cadet takes the place of another willing and hopeful applicant. As such, both parents/guardians and applicants should review this entire application and apply to the program with a full understanding of what is required and expected.

Attached please find the required application forms that **MUST BE** completed and returned to the Bergen County Prosecutor's Office Community Engagement Division, Two Bergen County Plaza, Hackensack, New Jersey 07601, no later than **Friday, May 1, 2026.** The 8-page application must be complete and legible or it will not be accepted. Please be advised that submission of an application prior to the deadline does not guarantee acceptance into the program; however, we encourage you to apply as soon as possible. **Space is limited.**

If you have any questions, contact Community Engagement at outreach@bcpo.net. All paperwork must be completely filled out 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 present, these forms must be completed.

You will be notified in writing of your child's acceptance and the date of the parent orientation meeting by May 22, 2026. A parent/guardian must attend the parent meeting for your child to be accepted into the Academy.

**BERGEN COUNTY YOUTH POLICE ACADEMY
2026
RULES AND REGULATIONS**

1. Respect yourself and others.
2. You are expected to conduct yourself as a lady or gentleman at all times.
3. You will be on time and ready to participate each day.
4. The Academy uniform must be worn properly every day, including the graduation ceremony. Please wash it daily!
5. No make-up, jewelry, or hats, and long hair must be worn up.
6. All participants will follow directions of all instructors, both civilian and law enforcement.
7. When you are called on, you will stand and respond with “yes sir, no sir” or “yes ma’am, no ma’am.”
8. Raise your hand if you want to speak.
9. Pay attention to the speakers. Disruptions will not be tolerated.
10. No foul language or foul play.
11. Stay with your group on field trips.
12. No electronics are permitted except for cell phones. However, cell phones must be turned off and stowed during the day and may only be used when permitted by an instructor.

PLEASE RETAIN THIS OVERVIEW FOR YOUR RECORDS.

STUDENT INFORMATION: **(MUST PRINT CLEARLY)**

CADET EMAIL: _____ AGE: _____

YES OR NO _____ IF YES, WHAT YEAR DID YOU ATTEND? _____

English _____ Spanish _____ Other (indicate) _____

ALTERNATE EMERGENCY CONTACT: (Other than parent information listed above):

NAME: _____

RELATIONSHIP TO STUDENT: _____

ADDRESS: _____

TOWN: _____

PHONE: _____ CELL NUMBER: _____

EMAIL: _____

HIGH SCHOOL INFORMATION

MUST BE ENTERING THE 9th, 10th, 11th or 12th Grade in September 2026 to be eligible for the Academy

GRADE IN SEPTEMBER 2026: _____

NAME OF SCHOOL: _____

SCHOOL ADDRESS: _____

CITY: _____ STATE: _____ PHONE NUMBER: _____

PRINCIPAL: _____ GUIDANCE COUNSELOR: _____

UNIFORMS ARE ADULT SIZES

T-SHIRT SIZE (**PLEASE CIRCLE**): (S) (M) (L) (XL) (XXL)

GYM SHORT SIZE (**PLEASE CIRCLE**): (S) (M) (L) (XL) (XXL)

Please circle your true size. Oversize or undersize clothing is not acceptable and the cadet will be required to select uniforms in the closest size available.

By virtue of my signature, I acknowledge that I have reviewed this application in its entirety, that all the information I have provided is accurate and complete, and I request that _____ be considered for acceptance in the
(Name of Applicant) Bergen County Youth Police Academy.

PARENT/GUARDIAN SIGNATURE

APPLICANT'S SIGNATURE

DATE: _____

BERGEN COUNTY YOUTH POLICE ACADEMY 2026

MEDICATION AND HEALTH HISTORY FORM

Please be advised that your child will be participating in outdoor, physical activities. If your child should not participate in a certain activity or should your child require special accommodations, please list below in the space provided.

Any Special Needs/Restrictions: _____

Please list below in PART A 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 Academy. Medication must be in its original prescribed package.

In PART B, please complete the health history questionnaire for your child and sign all authorizations/acknowledgements as indicated.

PART A: MEDICATION HISTORY

Name of Youth: _____

☐ My Child Does Not Take Any Prescribed Medication.

☐ My Child Takes Prescribed Medication, which he/she must take or carry during the Academy (If this box is checked, you must complete the information below and sign the form below).

Name of Medication: _____

Medical Condition for which medication is needed:

Dosage/Administration (Times per day): _____

NOTE: The Bergen County Youth Academy does not stock or provide any non-prescription medications, including Tylenol, Ibuprofen, and Midol. If a cadet requires use of non-prescription medications during the program, a note to that effect must be provided by the parent/guardian in advance, and the cadet must bring the medication with him/her.

PART B: HEALTH HISTORY

Name of Youth: _____

Check “Yes” or “No” for each statement. Explain “Yes” answers below:

Has/Does the cadet:

1. Ever been hospitalized? ☐ Yes ☐ No
2. Ever had surgery? ☐ Yes ☐ No
3. Have recurrent/chronic illness? ☐ Yes ☐ No
4. Had a recent infectious disease? ☐ Yes ☐ No
5. Had a recent injury? ☐ Yes ☐ No
6. Had asthma/wheezing/shortness of breath? ☐ Yes ☐ No
7. Have diabetes? ☐ Yes ☐ No
8. Had seizures? ☐ Yes ☐ No
9. Wear glasses, contacts, or protective eyewear? ☐ Yes ☐ No
10. Had fainting or dizziness? ☐ Yes ☐ No
11. Passed out/had chest pain during exercise? ☐ Yes ☐ No
12. If female, have problems with periods/menstruation? ☐ Yes ☐ No
13. Ever had back/joint problems? ☐ Yes ☐ No
14. Traveled outside the country in the past 9 months? ☐ Yes ☐ No
15. Been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (AD/HD)? ☐ Yes ☐ No
16. Ever been treated for emotional or behavioral difficulties or an eating disorder?
☐ Yes ☐ No
17. Had a significant life event that continues to affect the cadet's life? ☐ Yes ☐ No

Please explain “Yes” answers in the space below, noting the number of the questions. For travel outside the country, please name countries visited and dates of travel.

What Have We Forgotten to Ask? Please provide in the space below any additional information about the cadet’s health or otherwise that you think important that we know or that may affect the cadet’s ability to fully participate in the BCYA program.
Attach additional information if needed.

I ATTEST THAT MY CHILD HAS BEEN FULLY IMMUNIZED AND THAT HIS/HER IMMUNIZATIONS ARE CURRENT.

Parent’s Signature: _____

Date: _____

IN CASE OF A MEDICAL EMERGENCY, I AUTHORIZE THE BERGEN COUNTY YOUTH ACADEMY TO INITIATE EMERGENCY CARE IN THE EVENT THAT I CANNOT BE REACHED.

Parent’s Signature: _____

Date: _____

**BERGEN COUNTY YOUTH POLICE ACADEMY
2026**



THE UNDERSIGNED _____ HEREBY GIVES PERMISSION
PRINT PARENT/GUARDIAN NAME

AND AUTHORIZATION FOR MY SON/DAUGHTER _____
PRINT NAME OF CHILD

TO PARTICIPATE IN THE BERGEN COUNTY YOUTH POLICE ACADEMY, 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.

THE UNDERSIGNED HEREBY RELEASES AND DISCHARGES THE COUNTY OF BERGEN, INCLUDING THE BERGEN COUNTY PROSECUTOR'S OFFICE, THE OFFICE OF THE BERGEN COUNTY SHERIFF, AND THEIR AGENTS AND EMPLOYEES THEREOF, FROM ALL LIABILITY CLAIMS AND CAUSES OF ACTION THAT THE UNDERSIGNED MAY HAVE FOR PERSONAL INJURIES, DAMAGES OR LOSSES OF ANY NATURE, WHICH MAY RESULT OR OCCUR AS A RESULT OF PARTICIPATION IN THIS PROGRAM AND IN ANY CAPACITY OR FUNCTION AS A YOUTH ACADEMY PARTICIPANT.

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 IN THE SOLE AND ABSOLUTE DISCRETION OF THE PROGRAM DIRECTOR/INSTRUCTORS.

THE UNDERSIGNED FURTHER PERMITS THE BERGEN COUNTY YOUTH ACADEMY TO PRINT OR DISPLAY ANY PHOTOGRAPHS OF MY CHILD IN BERGEN COUNTY PROSECUTOR'S OFFICE PUBLICATIONS, ON THE BERGEN COUNTY PROSECUTOR'S OFFICE WEBSITE, PRINT RELEASES AND SOCIAL MEDIA SITES, OR IN MEDIA COVERAGE OF THE BERGEN COUNTY YOUTH ACADEMY PROGRAM.

THE UNDERSIGNED FURTHER UNDERSTANDS THAT THE LUNCH PROVIDED BY THE BERGEN COUNTY YOUTH ACADEMY CANNOT ACCOMMODATE ANY SPECIAL DIETARY NEEDS OR RESTRICTIONS. CADETS, HOWEVER, MAY BRING THEIR OWN LUNCH.

THE UNDERSIGNED FURTHER ATTESTS THAT MY CHILD HAS NO PHYSICAL RESTRICTIONS AND/OR LIMITATIONS AND MAY PARTICIPATE IN ALL ACTIVITIES RELATING TO THE BERGEN COUNTY YOUTH ACADEMY INCLUDING STRENUOUS PHYSICAL ACTIVITIES.

I HEREBY ATTEST TO HAVING READ THIS DOCUMENT AND ACKNOWLEDGE THE UNDERSTANDING THEREOF.

PARENT/GUARDIAN SIGNATURE

DATE

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

BERGEN COUNTY YOUTH POLICE ACADEMY 2026



I grant ☐

I do not grant ☐

permission for my child _____

to be dismissed each day from the Bergen County Youth Police Academy,
held during the weeks of July 20 – July 31, 2026 on his/her own, without a
parent/guardian being present at the time of dismissal.

Parent/Guardian Signature

Date

COMPLETE THIS SECTION IF APPLICABLE:

My child will be driving a personal car and will require parking on site.

Parent/Guardian Signature

Date

COMPLETE THIS SECTION IF APPLICABLE:

I provide authorization for my child to ride in a ride-sharing service, such as
Lyft, Uber, etc.

Parent/Guardian Signature

Date