



Township of Monroe

Health & Safety Education Program

1 Municipal Plaza Phone:
Monroe Township, NJ 08831

Phone: (732) 521-4400 Ext. 143
Fax: (732) 521-4346

STUDENT REGISTRATION FORM

PLEASE PRINT CLEARLY

COURSE NAME:

COURSE DATES:

LAST NAME:

FIRST NAME:

AGENCY AFFILIATION:

STREET ADDRESS:

HOME: YES NO

CITY:

STATE:

ZIP:

PHONE:

E-MAIL:

FAX:

EMERGENCY PERSONNEL ONLY:

EMT#

DATE OF BIRTH:

/

/

COURSE COST:

DEPARTMENT SPONSORED: YES NO

MATERIALS:

PRINT SUPERVISOR NAME:

TOTAL DUE:

SUPERVISOR SIGNATURE:

Please make checks payable to: Township of Monroe-Health & Safety

Please mail Check or Money Order to:

Monroe Township

Attn: Bill Gardener

1 Municipal Plaza

Monroe Township, N.J. 08831

Monroe Township Health & Safety Education does NOT participate in the NJ State Training Fund

POLICY & AGREEMENT

Refund Policy: Cancellation within 48 hours of the scheduled class, an alternative course date will be offered. We do not offer refunds.

Attendance Policy: Only students attending 100% of the course will receive credit.

By signing this registration form, the above named student agrees to be responsible for compliance with the attendance policy and guarantees payment for the course if stated payment arrangements fail. **PRE-REGISTRATION is required for each class taken. Payments MUST BE RECEIVED a minimum of 7 days prior to the course being taken.**

SIGNATURE:

DATE:

FOR OFFICE USE ONLY - DO NOT WRITE BELOW THIS LINE - FOR HHR OFFICE USE ONLY

DATE RECEIVED:

RECEIVED BY:

PAYMENT: CHECK #:

MONEY ORDER

NO CASH PAYMENTS