



Township of Monroe

Health & Safety Education

1 Municipal Plaza Phone:
Monroe Township, NJ 08831

(732) 521-44000 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: <input type="checkbox"/> YES <input type="checkbox"/> NO
CITY:	STATE:	ZIP:
PHONE:	E-MAIL:	FAX:
CERTIFICATION(S): FIRST RESP FF EMT-B EMT-P RN MD OTHER: _____		

COURSE COST:	DEPARTMENT SPONSORED: <input type="checkbox"/> YES <input type="checkbox"/> 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**

POLICY & AGREEMENT

Refund Policy: Course costs and registration fees will be returned only with 48 hours notice.
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.

SIGNATURE:	DATE:
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FOR OFFICE USE ONLY - DO NOT WRITE BELOW THIS LINE - FOR OFFICE USE ONLY

DATE RECEIVED:	RECEIVED BY:
PAYMENT: <input type="checkbox"/> CASH	<input type="checkbox"/> CHECK #: