



Westfield/Mountainside Chapter

321 Elm Street

Westfield, New Jersey 07090

Phone: (908) 232 - 7090 / Fax: (908) 232 - 4452

Chapter Web Site: www.westfieldmtside-redcross.org

CLASS REGISTRATION FORM

Class registration is set when the Chapter office has received this form & your payment. Payment can be mailed, brought to the Chapter House or faxed. Payment and form must be received at least 4 days before the training date. All classes are on a first come basis.

Enrollment is limited. No walk-ins.

- Classes start on time. Plan on arriving 10 minutes early.
- Late arrivals will not be permitted into class.
- No refunds are given (unless the Chapter cancels the class).
- Payments can be made by cash, check, money order or credit card. Checks payable to: American Red Cross - Westfield/Mountainside Chapter
- If you are unable to attend, you must notify the Chapter 48 hrs prior to class.
- If you do not call or show up for a class - there is NO refund.
- If you are attending a full day class - bring your lunch & drink.
- Wear comfortable clothing. The skills testing take place on the floor.
- Babysitters Training - Requires a separate registration form- call or e-mail the Chapter.
- If participant is pregnant - Enclose a note from your Dr. stating that you can participate in the class.
- Re-Certification Classes: You **MUST** enclose a copy of your current certification card with this registration. Also bring your course book to class. For CPR for Professional Rescuer bring your pocket mask. If you don't have either, you will need to purchase new ones at class.
- Refer to the course schedule flyer for full Chapter Policies.
- The Chapter reserves the right to cancel a class if enrollment is low or due to weather or emergencies.
- Business Hours are Mon - Fri (Sept - May) = 9:00 am - 4:30 pm (June - Aug = 9:00 am - 4:00 pm)
- Health & Safety E-mail: www.johnsonsafety@comcast.net

(Return this bottom form with Payment - Please PRINT clearly!!)

Name: _____ (Age if under 18 yrs. old): _____ M F

Address: _____
Street Town Zip

Phone #: _____ Work #: _____ Cell #: _____

E-mail: _____ Fee Enclosed: _____

Course(s): _____

Date(s): _____ Time(s): _____

Signature: _____ Date: _____

Payment: Cash /Check /Money Order /Credit Card: (Circle): Visa Master Card American Express

Account #: _____ Expiration Date: _____

Card Holders Name: _____ Code: _____
(Last 3 digits on back of card)

(For Office Use Only: Received on: _____ Cash/CC/Check# _____ Entered on: _____ Staff: _____)