

FAIR LAWN COMMUNITY SCHOOL
14-00 Berdan Ave., Fair Lawn, New Jersey 07410

Duplicate forms if more copies are needed.
Please complete one registration form for each course.

FAIR LAWN COMMUNITY SCHOOL
REGISTRATION FORM
SPRING / SUMMER 2014 SEMESTER

Date: _____

Last Name _____ First _____

Address _____ Apt. _____

Town _____ State _____ Zip _____

Home# _____ Bus.# _____

Cell# _____ Emergency # _____

Course# _____ Course Name _____

E-mail address _____ Tuition Fee: \$ _____

Day _____ Hours _____ to _____ Total \$ _____

NO TUITION REFUND AFTER CLASS HAS BEGUN

For Office Use Only: Cr. _____ Ref. _____ Dep. Paid _____ Bal. Pd _____

FAIR LAWN COMMUNITY SCHOOL
CHILDREN PROGRAMS REGISTRATION
SPRING / SUMMER 2014 SEMESTER

Date _____

Child's
Last Name _____ First Name _____

Address _____ Apt. _____

Town _____ State _____ Zip _____ Home# _____

Parent's Full Name _____ Bus# _____

Cell# _____ Emergency # _____

E-mail address _____

Doctor's Name _____ Phone _____

Child's Date of Birth _____ Grade _____ School _____

Remarks: (Medical or other) _____

Course # _____ Course Name _____

Day _____ Hours _____ Fee: \$ _____

NO TUITION REFUND AFTER CLASS HAS BEGUN

For Office Use Only: Cr. _____ Ref. _____ Dep. Paid _____ Bal. Pd _____