

D.A.R.E. Training Registration Form

Enrollment Number	D.A.R.E. New Jersey Administrative Details: Payment Received <input type="checkbox"/> Certification # _____
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Please send this form and payment to:
D.A.R.E. New Jersey, Inc.
292 Prospect Plains Road
Cranbury, NJ 08512
Fax: (609) 860-6779

Instructions: Type/print legibly. Call D.A.R.E. New Jersey (609) 860-6777 for enrollment number and insert in designated space. Complete all information requested. Registration form must be received within 14 days of enrollment number assignment to confirm placement on the training roster.

Last Name:	First Name:	MI:	Rank or Title:	<input type="checkbox"/> Male <input type="checkbox"/> Female
SSN:	Police Agency or School:	County:		
Address:	City:	State:	Zip:	
Agency or School Phone:	Agency or School Fax:	E-Mail:		
Supervisor's Name:		Phone:		

TYPE OF TRAINING	COST	PREREQUISITES TO ATTEND COURSE
<input type="checkbox"/> D.A.R.E. Officer Training Elementary, Middle School & D.A.R.E. SRO	\$175.00	Two years experience as a police officer. In special circumstances, a waiver may be obtained. Contact D.A.R.E. New Jersey.
<input type="checkbox"/> Middle School Training	\$75.00	Must have D.O.T. and two full semesters teaching the elementary 5 th or 6 th grade curriculum. D.O.T. Certification: _____/_____/_____
<input type="checkbox"/> High School Training Initiative	\$75.00	Certified Officers, Educators, Teachers, Counselors, and Administrators who work directly with a High School population.
<input type="checkbox"/> Elementary Re-Certification	\$100.00	Police Officers who have not taught in 3 years or who were certified prior to June 1, 2003
<input type="checkbox"/> Safe School Resource Officer Training	FREE	Pre-requisites – Police Officers who were trained AFTER January 1, 2006

To Be Completed by D.A.R.E. Officer's Only:

Are you replacing an officer who is no longer teaching D.A.R.E. curriculum? Yes No
 If yes, name of officer: _____

Reason for replacement: Promotion Reassignment Retirement Dismissed Deceased
 Replacement will take place: Immediately September January Other

Date appointed to police agency: _____/_____/_____
 I have at least 2 years experience as a police officer. I will need to apply for a waiver.

PAYMENT METHOD

<input type="checkbox"/> Voucher/Purchase Order	<input type="checkbox"/> Check (Make payable to D.A.R.E. NJ)	<input type="checkbox"/> Designated Account # _____
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No Show Policy – All cancellations must be received within 48 hours of training. Any cancellations received after that will be charged a \$100 administration fee.

TRAINING LOCATION & DATE

Select dates from website calendar: www.darenj.com or call 609-860-6777 for additional training offerings

Location:	Date:
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Applicant Signature

Supervisor's Signature