



Watch D.O.G.S. Registration Form



Name:

(First, Middle Initial, Last)

Date of Birth: _____ Relationship to student:

Email address:

(Only used to communicate WatchDOG updates)

Address:

City: _____ State: _____ Zip:

Home Phone: _____ Cell Phone:

Work Phone:

Place of Employment:

Do they offer paid Community Service hours? Yes or No

Would your employer consider being a funding partner for the school or the WatchDOGS Program? Yes or No

If yes, whom should the WatchDOGS coordinator contact?

Student's Name & Teacher:

Student's Name & Teacher:

Student's Name & Teacher:

(Signature)

(Date)