Elida Elementary Watch DAWGS Registration

2025-2026

School Year

Name _____

Email: _____ Phone: _____

Social Security Number: _____ Date of Birth: _____

(By providing your SSN and signing this form, you are consenting to the required background check. This background check is at no cost to you.)

Student Name: _____ Teacher: _____

Student Name: _____ Teacher: _____

Have you been a Watch DAWG before? **Yes** **No**

Do you already own a Watch DAWG t-shirt? **Yes** **No** (If no, please indicate shirt size needed below.)

T-Shirt Size: _____
(An official Watch DAWGS t-shirt is required for participation.)

Please circle (or highlight) the shift/shifts you would be available:

Full Day	Morning only	Afternoon only	Lunch in cafeteria	Mid-day Recess (K-3,5)
8:30 – 3:40	8:30 – 12:15	12:15 – 3:40	11:05 – 1:30	11:30 – 1:45

Signature: _____ Date _____

Please return this form to Elida Elementary, or scan and email to: kmagers@elida.k12.oh.us

If you have any questions, please contact Kathy Magers, School Counselor (419) 338-6803 Ext.3305

Office use only:

Background check submitted: _____ Passed: Yes No

T-shirt sent home: _____