WatchDOGS Registration Form for

Bette Perot Elementary School

Name: _____

Email: _____

Address: _____ City: _____

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 WATCH D.O.G.S.® Program? **Yes** or **No**

If yes, whom should the coordinator contact? _____

Student's Name(s):

_____ _____

Teacher(s):

_____ _____

_____ _____

(Signature) (Date)

Please return this form to one of the following locations:

1. Scan and email to ***sbigel01@gmail.com***
2. Drop the form off at the office or with your student's teacher.
3. If you have questions, please contact ***Stephen Bigelow, 817-395-2069***