WatchDOGS Registration Form for *Cumming Elementary*

Name: _____

Email: _____DOB ____/____/_____

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): Homeroom Teacher(s):

_____ _____

_____ _____

_____ _____

I authorize the Watch D.O.G.S. program at Cumming Elementary School to run a criminal background check.

_____ _____

(Signature) (Date)