WatchDOGS Registration Form for

West Oakview Elementary

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):

_____ _____

Homeroom Teacher(s):

_____ _____

_____ _____

(Signature) (Date)

Please return this form to one of the following locations:

1. Scan and email to ***emaher@nvps.net***
2. Fax to ***(616) 361-3492***
3. Mail to ***3880 Stuyvesant Ave., NE, Grand Rapids, MI 49525***
4. Drop the form off at the office or with your student's teacher.
5. If you have questions, please contact ***Liz Maher, SSW (616) 361-3470 ext. 26218***