WatchDOGS Registration Form for

Alpharetta 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):

_____ _____

Homeroom Teacher(s):

_____ _____

_____ _____

(Signature) (Date)

Please return this form to one of the following locations:

1. Scan and email to **John Foster at jhf725@yahoo.com**
2. Fax to **Attn: John Foster 770-667-2840**
3. Mail to **John Foster, PTA, 192 Mayfield Road, Alpharetta, GA 30004**
4. Drop the form off at the office or with your student's teacher.
5. If you have questions, please contact **John Foster, 770-772-5621**