

Watch D.O.G.S. Dads Registration



Form



Marguerite Vann Elementary WATCH D.O.G.S. ® Dads Registration Form

Name: _____

Email: _____
(only used to communicate WATCH D.O.G.S.® updates)

Address: _____ City: _____ Zip: _____

Phone(s) Home: _____ Mobile: _____ Work: _____

Place of Employment: _____

Do they offer paid Community Service Hours? Yes or No

Would your employer consider being a funding partner for your school or the WATCH D.O.G.S.® program? Yes or No

If yes, whom should the coordinator contact? _____

Child's Name(s): _____

Homeroom Teacher(s): _____

(Signature)

(Date)

**If you have any questions please contact Rebecca Decker at
501 – 450 – 4870 or deckerr@conwayschools.net**

All Dad's, please return this form to the school through your child.