



WatchD.O.G.S. Registration Form for Edmonds Elementary School



WatchDOGS' Name: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Mobile Phone: _____ Work Phone: _____

Email: _____ I would like to subscribe to the EEPTA newsletter

(Only used to communicate WATCH D.O.G.S.® updates)

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? _____

(Information strictly confidential and only used to determine potential funding sources.)

Relationship to student: _____

I give permission for my name to appear on the school website as a WatchDOG **Yes** or **No**

Student's Name(s):

Teacher(s):

(Signature)

(Date)

Please return this form to one of the following locations:

1. Scan and email to: WatchDOGS@edmondselementary.com
2. Fax or Mail to: Edmonds Elementary - 1215 Olympic Avenue Edmonds, WA 98020 - (425) 431.7372
3. Drop the form off at the Edmonds Elementary office or with your student's teacher.

If you have questions, please contact Peter Wick (206)369-6208

Edmonds Elementary - WatchD.O.G.S.
Area(s) of Interest

Please let us know the area(s) of interest you may have when working with the students.

- Reading to student(s)
- Listening to student(s) read
- Recess with students
- Board games with students
- Share an interest or hobby with students
- Help with science lesson
- Help with math lesson
- Lead an athletic game, soccer / kickball or _____
- Lead a discussion group at recess on _____
- Other: _____

This year, WatchD.O.G.S. would like to offer ½ day sign-up for those fathers / father-figures at are unable to commit to a full day. Please note, this program is based on a full day of service, and any ½-day request will require special scheduling.

- Please note that I am only able to commit to a ½-day schedule.