



WATCH D.O.G.S. Registration Form Seattle Hill Elementary School

WATCH DOG Printed Name: _____

Address: _____ City: _____ Zip: _____

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

Email: _____
(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: _____

Student's Name(s): _____

Teacher(s): _____

WATCH D.O.G Signature _____

Date _____

Please return this form to one of the following locations:

1. Scan and email to "Top Dog" Tom Stingily TomStingily@me.com
2. Seattle Hill Office
3. Return to your student's teacher (and they will forward to the office)

If you have questions, please contact Tom Stingily at TomStingily@me.com

You can also visit www.seattlehillwatchdogs.weebly.com for additional information.

Thank YOU! 