



WATCH DOGS

Registration

EMERALD PARK ELEMENTARY



Name: _____

Email: _____

Address: _____

Zip: _____ Home Phone: _____

Mobile: _____ Work: _____

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 Teacher(s): _____

(Signature)

(Date)

Please return this form to one of the following locations:

1. Mail to Emerald Park Elementary, 11800 SE 216th ST, Kent, WA 98031
2. Drop the form off at the office or with your student's teacher.

If you have any questions please call: (253) 373- 3850