



WatchDOGS Registration Form for



McLouth Elementary

Name: (first/middle/last) _____

Email: _____

Email will only be used for communication from the school

Address: _____ City: _____

Zip: _____ Home Phone: _____

Cell Phone: _____ Work Phone: _____

Place of Employment: _____

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):

Classroom Teacher(s):

* _____
(Signature) (Date)

*By signing this form I give the USD 342 school district permission to perform a background check. Please be aware that the results of the criminal background check may prevent you from participating as a volunteer in the WATCH D.O.G.S. program.

Please return this form to one of the following locations:

1. Scan and email to ***Johnsonj@mclouth.org***
2. Drop the form off at the office or with your student's teacher.
3. If you have questions, please contact ***Jerome Johnson, 913.796.6122***