



# WatchDOGS Registration Form for



## LIBERTY ELEMENTARY SCHOOL

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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? \_\_\_\_\_

Student's Name(s):  
\_\_\_\_\_

Homeroom Teacher(s):  
\_\_\_\_\_

\_\_\_\_\_  
(Signature) (Date)

**Please return this form to one of the following locations:**

1. Scan and email to [hamlink@lisd.net](mailto:hamlink@lisd.net)
2. Drop the form off at the office or with your student's teacher.
3. If you have questions, please contact Steve Glaser at 817-247-2403