



# WatchDOGS Registration Form for



## David A. Harrison Elementary School

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

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

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

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

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

Student's Name(s):

\_\_\_\_\_  
\_\_\_\_\_

Homeroom Teacher(s):

\_\_\_\_\_  
\_\_\_\_\_

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

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

**Thank you for your willingness to participate in the program! Please return the completed form to the main office. If you have additional questions, please contact Meghan Burgwyn, Assistant Principal.**