



WatchDOGS Registration Form for *Cedar Ridge Elementary*



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: **Mr. Wiet – cwiet@alpinedistrict.org**
2. Fax to: **801-763-9537**
3. Mail to: **4501 W. Cedar Hills Dr., Cedar Hills, UT 84062**
4. Drop the form off at the office or with your student's teacher.
5. If you have questions, please contact: **Mr. Wiet: 801-610-8103 ext. 751**