

## **WatchDOGS Registration Form** for



## **Beebe Elementary**

Name:			
Email:			
Address:		City:	
Zip:	Home Phone: _		
Cell Phone:	We	ork Phone:	
Place of Employment:			
Do they offer paid Commur	nity Service hours	s? <b>Yes</b> or	No
Would your employer cons D.O.G.S. <sup>®</sup> Program?	ider being a fund <b>Yes</b> or <b>No</b>	ing partner for th	ne school or the WATCH
If yes, whom should the co	oordinator contac	t?	
Student's Name(s):			
Homeroom Teacher(s):			
(Signature)		(	Date)

- Please return this form to Beebe Elementary:

  1. Mail it to 110 E. 11<sup>th</sup> Avenue, Naperville, IL 60563

  2. Drop the form off at the office or with your student's teacher.
- 3. Email it to beebewatchdogs@naperville203.org
- 4. Fax to 630-420-6962