



WatchDOGS Registration Form for



GRAVELY ELEMENTARY

Name: _____

Email: _____

(ONLY used to communicate WATCH D.O.G.S updates)

Address: _____ City: _____

Zip: _____ Home Phone: _____

Cell Phone: _____ Work Phone: _____

Student's Name(s):

Classroom Teacher(s):

(Signature)

(Date)

Please return this form to one of the following locations:

1. Give, or scan and email this form to **Mike Eiden (gravelywatchdog@gmail.com)**
2. Drop the form off at the office or with your student's teacher
3. If you have any questions, call or email **Mike Eiden 703-625-6453**