



# WatchDOGS Registration Form for



**CARL STUART MIDDLE SCHOOL**  
***watchdog.carlstuart@gmail.com***

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):

\_\_\_\_\_

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

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

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

1. Scan and email to (*watchdogs.carlstuart@gmail.com*)
2. Fax to (*501-450-4843*)
3. Mail to (*2745 Carl Stuart Rd. Conway, AR 72034*)
4. Drop the form off at the office or with your student's teacher.
5. If you have questions, please contact (*Lena Priest, Counselor, 501-329-2782*)