



# WatchDOGS Registration Form for



## Leadership Preparatory Academy

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. Drop the form off at the office or with your student's teacher.
2. If you have questions, please contact **Roshanda May**  
[roshanda.may.lpa@gmail.com](mailto:roshanda.may.lpa@gmail.com)