



# WatchDOGS

## Registration Form

### CJ Harris Elementary

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Have you completed the online background check found on the Pearland  
ISD website? **Yes or No**

*Please note the background check must be completed every year.*

Possible dates you can serve: \_\_\_\_\_

*We ask that you schedule your half-day visit at least one week prior.*

Student's Name(s):

Teacher(s):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Signature)

(Date)

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

1. Scan and email to [ibarrasilvac@pearlandisd.org](mailto:ibarrasilvac@pearlandisd.org)
2. Drop the form off at the office or with your student's teacher.

*If you have questions, please contact School Counselor, Mrs. Silva 281-485-4024*