



# Program Launch Timeline

- ✓ **Select the WATCH D.O.G.S.® Team to oversee the program.**  
Team consists of:
  - School representatives (staff members or parent liaison)
  - Top Dog Coordinator (male or female)
  - Top Dog Team (other selected fathers and father-figures)
  
- ✓ **Participate in the “7 Steps to Success” national training conference call.**  
Sign up for the national training conference call:
  - Dates and times are listed at [www.fathers.com/watchdogs](http://www.fathers.com/watchdogs)
  - Call 888.540.3647 or email [watchdogs@fathers.com](mailto:watchdogs@fathers.com) for more informationWho should participate in the national training conference call?
  - WATCH D.O.G.S.® Team
  - Principal and/or assistant principal
  - President or representative of parent support group (PTA or PTO)
  - WatchDOG School Representative
  
- ✓ **Order the WATCH D.O.G.S.® school kit** by contacting the WATCH D.O.G.S.® office by calling 888.540.3647 or emailing [watchdogs@fathers.com](mailto:watchdogs@fathers.com).
  
- ✓ **Prepare for the “Dads and Kids Pizza Night” kickoff event.** Schools should Plan for this event to motivate and encourage men to become a WatchDOG dad. This event to occur 2-4 weeks after your school receives its startup kit.
  
- ✓ **Designate a computer that WatchDOG dads can access to complete the school’s personalized ‘End of Day’ online survey.** A link to this survey will be provided by the WATCH D.O.G.S.® office.
  
- ✓ **Celebrate as WatchDOG dads begin to support the school** the next day or within a week following the Pizza Night event.
  
- ✓ **Forward your launch event photos, media coverage, and success stories** to [watchdogs@fathers.com](mailto:watchdogs@fathers.com).

Please complete bottom portion of form and turn in at the WATCH D.O.G.S.® Booth -or- give it to the WATCH D.O.G.S.® Representative  
(Keep the upper portion for reference)

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Principal’s Name: \_\_\_\_\_

School’s or Principal’s Daytime Phone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Conference Attendee’s Name: \_\_\_\_\_

Title:  Superintendent  Principal  Asst. Principal  Other \_\_\_\_\_  
 School  District  Region  State  
 PTA  PTO  Office Held:  President  V.P.  Other \_\_\_\_\_

Work or Home Phone #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Mobile Phone #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_  
(Circle One)

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