



DOVER PACT PROGRAM **REGISTRATION FORM**

In order to participate, please complete the form below and have your child return it to his/her classroom teacher as soon as possible – even if you can't participate.

STUDENT'S NAME: _____

5TH GRADE TEACHER'S NAME: _____

I WILL I AM UNABLE TO PARTICIPATE IN THE PROGRAM.

I WILL I WILL NOT NEED CHILDCARE

Complete the below section if you are participating.

PARENT NAME(s): _____

PHONE# _____

ADDRESS: _____

Email ADDRESS:

(PLEASE WRITE YOUR E-MAIL CLEARLY AS THIS WILL BE OUR MAJOR MEANS OF COMMUNICATION)

The Dover Police Community Outreach Bureau is always trying to bring you the most up-to-date, current information that you want to have presented. Please check off any additional topics that may interest you or that you want to hear more about. Past participant opinions are still valuable.

- Underage Drinking Issues
- Use of Marijuana
- Inhalants
- Steroids
- Club Drugs
- Music/Videos and its affect on drug and alcohol use
- Alcohol and tobacco advertising and its affect on your child
- A parents' guide to signs and symptoms of particular drug

Any other topic not listed above or other comments:

All forms should be returned to your child's teacher.

**If you have any questions, please contact Detective Travaglini at:
Office: 603-742-4646
Email: m.travaglini@dover.nh.gov**