

Our Lady of the Valley
 Little Flowers Girls' Club
 Registration
 2016/2017

Family Name: _____

Little Flower's Name	Date of Birth	Age	Grade

Parent/Guardian: _____

Phone: _____

Parent Email: _____

Address: _____

Phone: _____

Home Parish: _____

Emergency Contact: _____

Relationship: _____

Emergency Phone: _____

Food Allergies: _____

Medical Concerns: _____

Parent's Interest in Volunteering:

_____ Crafts Coordinator _____ Music Coordinator _____ Sibling Childcare

Office Use Only		
Number of girls registered _____	Registration Fee Due \$ _____	
Fee per girl \$30, Family Max \$90	Fee Paid _____	
Check _____	Online _____	Registration Rcvd on _____