

Our Lady of the Valley
 Little Women's Club
 Registration
 2018/2019

Family Name: _____

Little Women'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:

_____ Snack Coordinator

_____ Meeting Volunteer

Office Use Only		
Number of girls registered _____	Registration Fee Due \$ _____	
Fee per girl \$35	Fee Paid _____	
Check _____	Online _____	Registration Rcvd on _____