

Little Flowers Girl's Club

Child's Name _____

Parent's Name _____

Address _____

Phone _____ Email _____

Grade _____

As a parent, I am willing to help:

Sept. 15 Meeting	Snack	Drink	Help/Chaperone
Kindergarten	_____	_____	_____
1 st and 2 nd Grade	_____	_____	_____
3 rd and 4 th Grade	_____	_____	_____
Oct. 20 Meeting	Snack	Drink	Help/Chaperone
Kindergarten	_____	_____	_____
1 st and 2 nd Grade	_____	_____	_____
3 rd and 4 th Grade	_____	_____	_____
Nov. 17 Meeting	Snack	Drink	Help/Chaperone
Kindergarten	_____	_____	_____
1 st and 2 nd Grade	_____	_____	_____
3 rd and 4 th Grade	_____	_____	_____
Dec. 15 Meeting	Snack	Drink	Help/Chaperone
Kindergarten	_____	_____	_____
1 st and 2 nd Grade	_____	_____	_____
3 rd and 4 th Grade	_____	_____	_____
Jan. 19 Meeting	Snack	Drink	Help/Chaperone
Kindergarten	_____	_____	_____
1 st and 2 nd Grade	_____	_____	_____
3 rd and 4 th Grade	_____	_____	_____
Feb. 16 Meeting	Snack	Drink	Help/Chaperone
Kindergarten	_____	_____	_____
1 st and 2 nd Grade	_____	_____	_____
3 rd and 4 th Grade	_____	_____	_____
March 16 Meeting	Snack	Drink	Help/Chaperone
Kindergarten	_____	_____	_____
1 st and 2 nd Grade	_____	_____	_____
3 rd and 4 th Grade	_____	_____	_____
April 20 Meeting	Snack	Drink	Help/Chaperone
(Trip to Nursing home)			
Kindergarten	_____	_____	_____
1 st and 2 nd Grade	_____	_____	_____
3 rd and 4 th Grade	_____	_____	_____