

**St. Philip Neri Little Flowers
Registration Form
2014-2015 School Year**

Name(s) of Parent(s) or Guardian(s): _____

Address: _____ Zip Code: _____

Phone #: _____ Cell #: _____

Email: _____

Children who will be participating in Little Flowers:

Name: _____ Grade in Fall 2014: _____

Name: _____ Grade in Fall 2014: _____

Allergies or Medical Concerns: _____

Please check one or more of the following:

_____ Yes, I would like my child(ren) to participate in the Little Flowers Program during the 2014-2015 school year. My payment of *\$20.00 per child is enclosed.

_____ I would like to purchase a sash for \$5.00 (This may be reused from year to year).

_____ I would like to be a teacher guide and lead the meetings monthly.

_____ I would like to be a teacher guide's helper monthly.

_____ I would like to volunteer to babysit in the nursery monthly.

_____ I would like to be a snack helper monthly.

_____ I would like to help clean up the classrooms used and place furniture back in order.

*There is discounted tuition for volunteers and child care is provided.

Total Payment Amount: _____ (Make checks payable to: St. Philip Neri Blessed Sacrament Church)

Mail form and payment to:

Amanda Sherer
2946 Eagle Ridge Dr.
Missouri Valley, IA 51555