



**2019
Little Lambs
Preschool Vacation Bible School**

Fox Point Lutheran Church

August 5 – 9

Monday thru Friday

9:15 to 11:45am

Please join us for adventures in our faith as we sing, play games, and make crafts.

Registration: Little Lambs is open to all children who are 3 as of Jan. 1, 2019—through those who will be entering a K4 program in the fall.

Fee: \$50/child

To register your child: Please fill out the registration form and return it to the church office at 7510 N. Santa Monica Blvd, Fox Point, 53217, or you may drop off your registration at the Welcome kiosk at church. **Little Lambs fills quickly, so we recommend you sign up soon!**

**** To ensure a positive and safe environment
this class is limited to 16 children! ****

Yes!
I'd love to join
Little Lambs VBS!



Child's name: _____

Age and birth date: _____

Address: _____

Parent's telephone: _____

Parent's email: _____

Emergency contact name/telephone—if parent not available: _____

Physician name/telephone: _____

Medical concerns we should be aware of: _____

Food/drug allergies: _____

***In the event that I cannot be reached in a medical emergency, I give the program's coordinator permission to secure and administer treatment, including hospitalization, for my child listed above.

Signature of parent/guardian: _____ Date: _____

Please complete this registration with a check payable to Fox Point Lutheran Church for \$50.

Completed registrations can be dropped off at the Welcome Kiosk or mailed to the church office:
7510 N. Santa Monica Blvd., Fox Point, Wisconsin, 53217.

continue on back



Fox Point Lutheran Church

Little Lambs

Medical Release

In the event that I cannot be reached in an emergency, I give the program's coordinator permission to secure and administer emergency treatment, including hospitalization, for my child, listed below:

Child's name: _____ Date: _____

Family physician: _____ Phone: _____

In an emergency, if parents/guardians are unavailable, please contact

_____ Telephone: _____

Signature of parent/guardian: _____ Date _____

Child's medication or environmental allergies:

Dietary restrictions:

Physical activity restrictions: