



**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!**

**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.

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# 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: