

August 1-5

9:15 - 11:45am

Hey, preschoolers! Join us for adventures in our faith as we sing, play games, and make crafts--all while learning more about God!

This year's Little Lambs will be led by Jenny Huizenga, a preschool teacher and a member of our church. Our little ones will be in great hands!

Age Group: Our program is designed for children who were 3 as of January 2022 through those who will be entering a K4 program in the fall of 2022.

To ensure a safe and positive environment, our class size is limited to 16 students.

To register: Please fill out the registration form and email or return it to the church office.

Fee: \$50

Please make check payable to Fox Point Lutheran Church, 7510 N. Santa Monica Blvd., Fox Point, WI 53217.

Questions: Contact Julie Schlifske, Director of Children's Ministries, at julie@foxpointchurch.org.



Registration 2022

| Child's name: |
|--|
| Age as of September 2022: |
| Parent or guardian name: |
| Email address: |
| Best contact number: |
| **We always need and are very grateful for volunteers to help us—either for a few hours or every morning If you would like to help in any way, please check here, and we will contact you. |
| Yes, I can volunteer. THANK YOU! |
| REGISTRATION FEE: \$50 |
| Please enclose your registration fee payable to Fox Point Lutheran Church and return to Fox Point Lutheran Church, 7510 N. Santa Monica Blvd, Fox Point, WI, 53217. |

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PLEASE MAKE SURE TO COMPLETE THE MEDICAL/TRANSPORTATION FORM ON THE REVERSE SIDE.



Fox Point Lutheran Church Little Lambs VBS Medical Release

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

| Child's name: | | |
|--|----------------------|---|
| Family physician: | Phone: | _ |
| In an emergency, if parents/guardians are unavaila | able, please contact | |
| Telephone: | | |
| Child's medication or environmental allergies: | | |
| Dietary restrictions: | | |
| Physical activity restrictions: | | |
| Signature of parent/guardian: | Date | |