



**LCMS  
SHEBOYGAN COUNTY  
HISPANIC OUTREACH**



**BILINGUAL VBS Registration Form**

**Bilingual - Lessons in English, songs in Spanish, fun in both languages!**

**FREE OF COST**

**June 17-21, Time: TBD** - Please check in on the first day

**Held at Good Shepherd Lutheran Church, 1614 S. 23rd St., Sheboygan**

Child's Name \_\_\_\_\_

Gender: M F

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_

Email address \_\_\_\_\_

Parent(s)/Guardian(s) \_\_\_\_\_

Child's Birth date \_\_\_\_\_

Grade level: \_\_K \_\_Gr.1 \_\_Gr.2 \_\_Gr.3 \_\_Gr.4 \_\_Gr.5 \_\_Gr.6 \_\_Gr.7

.....  
**MEDICAL & EMERGENCY CONTACT INFORMATION**

**HOSPITAL (Please circle):** Aurora/Memorial St. Nicholas Other: \_\_\_\_\_

Child's Physician \_\_\_\_\_

Allergies & Medications (if applicable) \_\_\_\_\_

**Food Allergies** \_\_\_\_\_

**IN CASE OF EMERGENCY WE SHOULD CONTACT IN THIS ORDER**

Name \_\_\_\_\_ Contact Phone \_\_\_\_\_

I grant to LCMS SHEBOYGAN COUNTY HISPANIC OUTREACH the right to take **photographs** of me and my family in connection with the above-mentioned event. I authorize LCMS SHEBOYGAN COUNTY HISPANIC OUTREACH, to use and publish the same in print and/or electronically. I agree LCMS SHEBOYGAN COUNTY HISPANIC OUTREACH may use such **photographs** of me without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and web content.

**I have read and understand the above. By initiating here, I agree to the above. \_\_\_\_\_(initial)**