

# Mountain View Baptist Church

1201 Belmont Ave, Centralia, WA 98531

## 2018 VBS Registration

July 23-27, 2018      6:30 pm – 8:30 pm

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

Date of Birth: \_\_\_\_\_ Grade (going into): \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Church regularly attended: \_\_\_\_\_

**\*Where can you be reached during VBS?**

Emergency Contact Number: \_\_\_\_\_

This child has the following medical conditions or allergies which the staff should be aware of: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The child listed above has my permission to attend Vacation Bible School at Mountain View Baptist Church during the week of August 1-5, 2016. In the case of injury or emergency, I understand that the staff will make a reasonable effort to contact me. However, I give my permission for the staff to seek any medical assistance they deem necessary, and I release both Mountain View Baptist Church and the Vacation Bible School staff from liability concerning any such incidents.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to child