Mountain View Baptist Church

1201 Belmont Ave, Centralia, WA 98531

2019 VBS Registration

June 24-27, 2019 6:30 pm – 8:30 pm

Child's Name:		
Date of Birth:	Grade (goir	g into):
Address:		
City, State, Zip:		
Home Phone:	Cell Phone:	
Parent/Guardian Name:		
Church regularly attended		
*Where c	an you be reached du	ıring VBS?
Emergency Contact	t Number:	
This child has the followin should be aware of:		
The child listed above has my View Baptist Church during t emergency, I understand tha However, I give my permissio	the week of June 24-27, 20 t the staff will make a reas n for the staff to seek any n	119. In the case of injury or sonable effort to contact me. nedical assistance they deem
necessary, and I release both School staff from liability cond	cerning any such incidents.	
Signature	Date	Relationship to child