

# VBS 2018 Registration

Return by **mail** (403 S. Loudoun St., Winchester, VA 22601) or **e-mail** (vbs@eagleheightspca.org)

Student \_\_\_\_\_

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

Address \_\_\_\_\_

Phone Numbers: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Date of Birth (Day/Month/Year) \_\_\_\_\_

Allergies / Other Medical Information \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

## Dismissal Information

Name of person(s) who may pick up this child from VBS \_\_\_\_\_

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