

## Gallatin Church of God of Prophecy

## **Vacation Bible School**

September 12-14<sup>th</sup>, 2025

Friday: 6:30 – 8:30 PM Saturday: 5:00 – 8:00 PM

Sunday: 10:00 AM - 12:00 PM

## STUDENT REGISTRATION FORM

**Director Contact:** Evan Jones, (615) 974-2082 or <u>ejones@gallatincogop.org</u> Shirlene Campbell, (615) 452-7315

(Please Print)		
Child's Name		
Child's Age	Child's Birth Date	Child's Grade
Parent/Guardian Name(s)		
Home Phone	Work Phone	Mobile
	Preferred Contact Method	
EMERGENCY INFORMATION	ON —————	
Emergency Contact		Phone
Allergies or Special Needs		
DISMISSAL ————		
Who may pick up your child at the end of each VBS day?		
Name	Relationship	
Name	Relationship	
Permission to Baptize: ☐ Yes ☐ No		
<b>Photo Release</b> : Permission post child on church social media pages ☐Yes ☐No		
	ublications, presentations, websites, and soc	aph publicly in VBS materials. I understand the images may sial media. I also understand that no royalty, fee, or other
Parent/Cuardian Signature		Data

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