

Gospel Tabernacle

742 E. Main St. – Laurens, SC 29360 – (864) 984-2217 www.gospeltabernaclechurch.com

Vacation Bible School Registration
Sunday – Wednesday, June 10-13
6:00 - 8:15 pm

Child's Name:				
Parent/Guardian Name:				
Address:				
City:	State:	Zip:		
Phone #:	_ Parent Cell	l#		
Date of Birth:///		Age:		
Last Grade Completed: E	Email:			
Van Transportation: Yes No (Please circle	•)			
Allergies/Medical Information/Other:				
Emergency Contact	(Other than li	sted above):		
Name:				
Phone: Relat	tionship to Ch	ild:		
Person Responsible for I	Picking up chi	ld at End of VBS:		
Name:	Phone #:			
Other	Information:			
May we have permission to photograph your	child? Yes	s No No		
May we have permission to use your child's photo	ograph for the	purpose of promotion?	Yes No	