



**ST. THOMAS MARTHOMA CHURCH, AUCKLAND**

# VBS 2016

**Whats Up – Colossians 3:1**

(Sept 28 – Oct 01, 2016)



## REGISTRATION FORM

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

DOB (dd/mm/yy):- \_\_\_\_\_

Age: - \_\_\_\_\_

Year:- \_\_\_\_\_

School:- \_\_\_\_\_

Parent/Guardian:- \_\_\_\_\_

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

Home Phone: - \_\_\_\_\_ Mobile:- \_\_\_\_\_

E-mail:- \_\_\_\_\_ Emergency Contact: - \_\_\_\_\_

Name of your church:- \_\_\_\_\_

Do you consent to medications being administered to this child in case of an emergency? YES/NO

Are there any allergies or medical condition that we need to be aware of?

Did you participate in V.B.S – 2015? YES/NO

Parent/Guardian Signature: - \_\_\_\_\_ Date: - \_\_\_\_\_

### OFFICE USE:-

Form Received on: - \_\_\_\_\_

Paid: - Cash / Bank Deposit

Date of Payment: - \_\_\_\_\_

Registration Fees: NZD 40 \_\_\_\_\_

Bank Account Details: St. Thomas MTC

Account Number: 12 3034 0067223 05

### Contact Details:-

Rev. VT Kurian (09 6344448)

George Varughese (0211941500)

Viji Varghese (02108468863)

Samuel Mathew (0212686855)

Email: [vbsnz@hotmail.com](mailto:vbsnz@hotmail.com)

Please remember to write the name of your Child in the reference field.