

St. Thomas Marthoma Church
Auckland
NZ

VBS 2011

REGISTRATION FORM

Kid's Name: _____

DOB: _____ Age: _____ Year: _____

School: _____

Parent/Guardian: _____

Address: _____

Home Ph: _____ Cell Ph: _____

E-mail: _____

Home Congregation: _____

Emergency Contact: _____

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

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

Did you participate in VBS 2010? Yes/No

Parent/Guardian signature: _____ Date: _____

OFFICE USE ONLY

Form received on: _____

Paid: Cash/Bank Deposit

Date of Payment: _____

Contact

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