



Timnath Presbyterian Church, PO Box 99, 4020 Main St., Timnath, CO 80547

## 'BIG HEART FARMS VBS' 2025 REGISTRATION

(One, 2-sided form for each child, please)

**PLEASE REGISTER BY: SUN, MAY 25**

**PLEASE PRINT CLEARLY & COMPLETE PERMISSION SLIP ON PAGE 2**

\$10/child suggested VBS  
donation if registering by  
Sun, May 11

\$15/child suggested VBS  
donation if registering  
Mon, May 12 & beyond

Child's preferred name (first & last): \_\_\_\_\_

Child's age: \_\_\_\_\_ Date of birth (Mo/Day/Yr): \_\_\_\_\_ Grade 2025-2026: \_\_\_\_\_

Name of Parent/Guardian #1: \_\_\_\_\_

Parent/Guardian Cell #1: (\_\_\_\_) \_\_\_\_\_

Parent/Guardian email #1: \_\_\_\_\_

Street address: \_\_\_\_\_

City, State, Zip code: \_\_\_\_\_

Name of Parent/Guardian #2: \_\_\_\_\_

Parent/Guardian Cell #2: (\_\_\_\_) \_\_\_\_\_

Parent/Guardian email #2: \_\_\_\_\_

Home church, if any: \_\_\_\_\_

We're interested in hearing more about Timnath Presbyterian Church: Yes \_\_\_\_\_ No \_\_\_\_\_

Allergies/medical conditions/best practices for your child: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name/s of who has/have permission to pick up the above child: \_\_\_\_\_

\_\_\_\_\_

(for church use only):

VBS Donation: Yes \_\_\_\_\_ No \_\_\_\_\_ Amount \_\_\_\_\_ Check # \_\_\_\_\_ Cash Amt \_\_\_\_\_ Other \_\_\_\_\_

Fruit Group Name \_\_\_\_\_

# TIMNATH PRESBYTERIAN CHURCH UNIVERSAL PERMISSION FORM 2025-2026

Please print clearly 😊

**Child** Name \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_ Grade '25-'26 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Parent/Guardian (P/G)** Name \_\_\_\_\_

**P/G** Address \_\_\_\_\_ **P/G** Cell \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**P/G** Email \_\_\_\_\_

I, the parent/guardian of the above-named child, give my permission to participate in Timnath Presbyterian Church's (NKA 'TPC') 2025-2026 Children's Ministry programs, activities, outings, VBS, camps, and mission projects. I agree to hold harmless and indemnify Timnath Presbyterian Church, its agents, staff, and volunteers, from any and all liability, personal injury, sickness, death, as well as property damage and expenses, which may be incurred by the participant while participating or commuting to/from TPC youth activities, programs, activities, outings, camps and mission projects. In case of illness or injury, give TPC my permission to procure medical attention/treatment for the above-named youth. I understand that TPC does not provide medical insurance or reimbursement for medical fees or prescriptions. I understand that I am responsible for any fees or charges arising from illness or injury, which occurred while child was participating or commuting to/from TPC children's activities, programs, outings, camps, and mission projects.

☐ If box is checked, I do **NOT** give TPC permission to take photos of the above-named child/youth in context of TPC youth activities, programs, outings, camps, and mission projects to be used, untagged, in TPC communications, TPC website and TPC social media only.

**X** \_\_\_\_\_  
**Signature of Legal Guardian**

\_\_\_\_\_  
**Date**