



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

9:30 – 11:30 am, Friday, June 26

'IN THE GARDEN PRESCHOOL VBS' 2026 REGISTRATION

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

PLEASE REGISTER BY: MON, MAY 25

PLEASE PRINT CLEARLY & COMPLETE PERMISSION SLIP ON PAGE 2

\$20/child suggested VBS donation if registering by Mon, May 25
\$25/child suggested VBS donation if registering Tues, May 26 & beyond

Child's preferred name (first & last): _____

Child's age: _____ Date of birth (Mo/Day/Yr): _____ *Grade 2026-2027: _____

^*Potty-trained/Preschool Only^

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 _____

Group Name _____

TIMNATH PRESBYTERIAN CHURCH UNIVERSAL PERMISSION FORM 2026-2027

Please print clearly 😊

Child Name _____ Age _____ Birthdate _____

Address _____ ***Grade '26-'27** _____
^*Potty-trained/Preschool Only^

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') 2026-2027 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