

Registration Form

Ecumenical Vacation Bible Day Camp

@ Glacier Presbyterian Camp

June 16- 20, 2025 / 8:00 a.m. – 4:30 p.m.

Child's Name: _____ Parent/Guardian Name: _____

Parent's Email: _____ Cell Phone: _____ Text: Yes No

Mailing Address: _____

Grade in School (Fall 2025) Grade: _____ Age: _____ Gender: Boy Girl

Please contact either of the churches below for more information:

Good Shepherd Lutheran Church
 409 4th Avenue East, Polson, MT 59860
 406-883-5864
 9-2 Tuesday, Thursday, & Friday
gslcpolsonmt@gmail.com

Flathead Lake Parish
Polson Presbyterian Church & Dayton Community Presbyterian
 301 4th Avenue East, Polson MT 59860
 406-883-5807
 9-1 Monday – Thursday
office@polsonpresbyterian.org



Please select T-Shirt Size Below

The 2025 Vacation Bible Day Camp fee includes bus transportation, lunch, snacks & beverages, arts & crafts, games, and Bible studies led by well-trained, caring counselors. Please do not send personal snacks or art supplies with your child.

\$80.00 – Camp Fee

I will submit my payment online
 OR I will bring a check payable to:
Glacier Presbyterian Camp

I have selected the T-Shirt size

I can provide \$ _____ and will fill out the [Financial Aid Form](#).

I will submit my payment online
 OR I will bring a check payable to:
Glacier Presbyterian Camp

I have selected the T-Shirt size



If you would like to request **financial aid**, the form can be downloaded from the Polson Presbyterian Church website at <https://polsonpresbyterian.org>

Office Use Only: Date registration received _____

Amount received: Check \$ _____ Cash \$ _____

Campership Approval : Yes / No Amount \$ _____



Glacier Camp - Summer Vacation Bible Day Camp Health Form

Camper's Name: _____
 Parent/Guadian Name: _____ Phone number: _____
 Name of Physician: _____ Phone number: _____

Does Camper have medical/hospital insurance? Yes No
 Insurance Carrier: _____ Group# _____ Policy # _____
 Name of Policy Holder: _____ Relationship to Camper: _____

Please give date of last booster:
 DPT: _____ MMR: _____ TD(Tetanus): _____ Polio: _____ Hepatitis B _____
 Influenza B _____ Covid _____

Name **ALL** allergies, health concerns and physical restrictions and food allergies: _____

Medication:

ALL medication must be turned in upon check-in. Please clearly mark all over the counter medication with the camper's name and instructions. All prescription medication must have original prescribing information and must be prescribed to the camper. In addition to regular medication please include emergency treatments that your child may need such as an EpiPen or Glucagon etc.

	Medication	Dose	Time	Quantity of meds brought	Reason for taking
1					
2					
3					
4					
5					

Restrictions and other information: Please provide any other information or restrictions that would be necessary or helpful for our staff to know about your child. _____

Authorizations:

Accuracy of information: This health history is correct and complete as far as I know, and the person herein described has permission to engage in all activities except as noted.

Administration of medication: I understand that all medications (prescription and nonprescription), with full instructions for taking, brought by my child to camp will be turned over to and stored by Glacier Camp Staff along with this form. I hereby agree to waive any cause of action against the Camp, director, staff, sponsors, or any employee of Glacier Camp for illness, injury or death of my child arising from is or her failure to take said medication as properly prescribed by his/her physician. I have explained the proper method of taking medication to him/her and he/she understands and agrees to take the medication as prescribed.

Emergency Authorization: I hereby give permission to the medical personnel selected by the event director to order x-rays, routine tests and treatment for my child in the event I cannot be reached in an emergency. I hereby give permission to the physician selected by the event director to hospitalize, secure proper treatment for, and order injection and/or anesthesia and/or surgery for my child as named above. This completed form may be photocopied for use by the camp.

Covenant agreement: I have discussed appropriate behavior with my child and the importance of following the rules for Glacier Camp. I agree that should my child break any rules established by Glacier Camp and it be deemed necessary by the event director to send my child home early, I will pay the transportation costs.

 Parent/Guardian Signature Date

After you have filled out this form:
 Print it and bring it and your payment to Polson Presbyterian (301 4th Ave. E).
 Or save it and email it to office@polsonpresbyterian.org
 * You can pay online at: <https://www.polsonpresbyterian.org/ecumenical-vbdc>
 * When paying online, be sure to put your child's name in the "note" line.