



# VACATION BIBLE CAMP

**REGISTRATION FORM / June 19th - June 23rd, 2017 9am - 12pm**

Please arrive at **8:15** if you have not pre-registered / **8:45** start time on Monday, June 19<sup>th</sup> for all participants

**\$10 per child or \$20 per family / Scholarships available — no child turned away!**

**Ages: Pre-School (must be potty trained) - Age 12**

**Child's Name:** \_\_\_\_\_ **Age:** \_\_\_\_ **Birth date:** \_\_\_\_\_

Grade entering in Fall '17 \_\_\_\_\_

Please list any known allergies to medication, environment or foods, & reactions.

\_\_\_\_\_

Medical or other issues we should be aware of:

\_\_\_\_\_

**Child's Name:** \_\_\_\_\_ **Age:** \_\_\_\_ **Birth date:** \_\_\_\_\_

Grade entering in Fall '17 \_\_\_\_\_

Please list any known allergies to medication, environment or foods, & reactions.

\_\_\_\_\_

Medical or other issues we should be aware of:

\_\_\_\_\_

**Parent(s) Name(s) :**

\_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Emergency Contacts:**

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Authorized Adults to Pick Up Children :**

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**(TURN OVER!)**

**Permission:** I hereby give permission for (child/children's name(s))

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to attend Vacation Bible Camp at the Polson United Methodist Church. I will not hold Polson United Methodist Church or individual staff/counselors liable for such accident or injuries which might occur during PUMC VBC. I understand that in the event of an emergency, every effort will be made to notify me; however, in the event I cannot be reached, I authorize whatever emergency procedures might be deemed necessary. I authorize the PUMC VBC medical volunteers to administer the medication noted on this form. Any reservations I might have concerning this release, or any allergies/special issues are noted on this form.

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Parent/Guardian signature required

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Date

**Photo Release:**

We do take photos of the children during PUMC VBC! These photos are typically used on our church website and in our church newsletter without identifying children by name. Local media may also visit and cover POLSON VBC.

I do \_\_\_\_\_ / do not \_\_\_\_\_ give my consent to Polson United Methodist Church to photograph my child/children and without limitation, to use such photos and/or stories in connection with any of the work of said PUMC VBC program without consideration of any kind and do hereby release Polson United Methodist Church and those represented in the PUMC VBC from any claims whatsoever which may arise in said regard.

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Parent/Guardian signature required

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Date

**FYI:**

Bathroom duty for children while at PUMC VBC will be: 4 years and over will be walked to the bathroom and a volunteer will stand near the outside door of the bathroom. Children will not be assisted with toileting inside the stall, so please prepare your child.

Children will participate in outdoor recreation and crafts to be held outdoors each day. We strongly recommend you apply sun block to your child prior to arriving. If you think it necessary for your child to have insect repellent, please also apply this prior to arriving.

Please make checks out to: **Polson United Methodist Church (PUMC)** .

For questions or more information e-mail: [info@polsonumc.org](mailto:info@polsonumc.org)  
or **contact the PUMC office**

**Polson United Methodist Church**

301 16th Ave E, Polson MT 59860

Phone: 406.883.6161

E-mail: [info@polsonumc.org](mailto:info@polsonumc.org)



For Office Use Only:

Paid Cash \$ \_\_\_\_\_ Check # \_\_\_\_\_  
Date Rec'd \_\_\_\_\_ Church Rep. Initials \_\_\_\_\_