



Missionary Church ECR Kid's Kamp
1509 West Main Street
Troy, Ohio 45373
(937)339-0015

Dear Parents,

We hope you are gearing up for a remarkable summer which includes our annual regional Kid's Kamp, scheduled for June 21-26, 2025. Kid's Kamp has proven to be a life-changing event for children and where many make their first decision to follow Jesus.

To help you in signing up your children, please pay special attention to the following...

- ☐ Please fill out all the necessary information on the Kid's Kamp Registration and **return all completed forms to your church's Kid's Kamp representative**, along with the \$185 registration fee. You may pay a \$75 non-refundable deposit with the remaining \$110 due upon your child's arrival to camp, if you choose. Your child will not be considered registered without paying at least the \$75 non-refundable fee by the pre-registration date. A t-shirt is included in the price, so please don't forget to mark a t-shirt size for your child. Registrations can also be done by using the QR code below or through our website at www.mcecr.org, click on the Events tab, then scroll to Children's Ministries. **Please Note:** There is a small additional fee for paying online. Registrations may be done online and check made payable to Missionary Church ECR (Children) mailed to address above to avoid this bank fee.
- ☐ Please complete the Medical Release/Parental Consent form in its entirety.
- ☐ **Please return your forms to your church's Kid's Kamp representative**, along with your registration payment by the deadline set by your local church. Registrations postmarked after June 3, 2025, will be charged an additional \$25. (The total for a late registration is \$210.)

Our rally speakers for Kid's Kamp will be Rod & Vonda Snow. The Snow's provide great entertainment, lively praise and worship music and will challenge the children in their faith. This year's theme is "*Armor Up*," based on Ephesians 6.

On Thursday, June 26, you are invited to our last rally in the Tabernacle, so you can see what the children have enjoyed during the week, and also give you a chance to interact with your child(ren) before leaving the grounds and jumping right back into your busy schedule. The last session will begin at 9:45 am in the Tabernacle. We would love to have you join us.


We are excited to have the week to minister to your child(ren). We pray that each child who attends will come home having met Jesus in a new and life-changing way.

In His Service,

Jeff Gerig, Kid's Kamp Director
Children's Ministries Committee



**To help ensure your mail reaches your child on time,
please send letters no later than Monday, June 23.**



To send mail to your child during Kid's Kamp,
please use the following address:

Ludlow Falls Camp - Kid's Kamp
[Child's Name]
2535 South State Route 48
Ludlow Falls, Ohio 45339

Arrival Time and Registration: Saturday, June 21, from 2:00 - 3:00 pm

Dismissal Time: Thursday, June 26 at 11:00 am

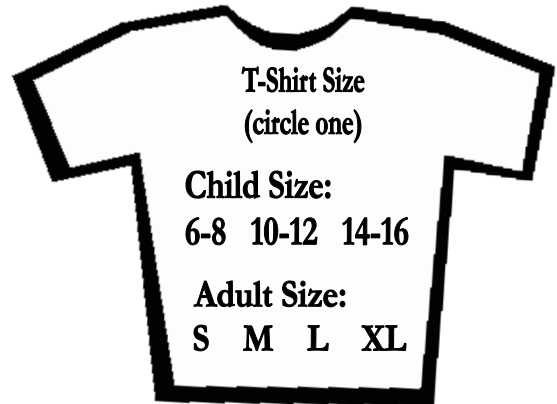
Individual Registration Form
KID'S KAMP ➔ June 21-26, 2025

Name: _____
(Last Name) (First Name)

Address: _____
(Street)

(City) (State) (Zip)

Phone Number: _____
(Area Code)



Circle one, indicating if your child is a: BOY GIRL

Child's Age : _____ Grade your child has just completed: _____

Church your child attends [if applicable]: _____

Please indicate which child(ren) your child would like to room with for the week.

1. _____ 2. _____

Every effort will be made to meet your request; however, the camp administration reserves the right to make final roommate selections. Attempts will be made to house children in grades 3 & 4 separately from those in grades 5 & 6.

SEMINAR ELECTIVES: Mark your 1st & 2nd choices in both Project Electives & Ministry Electives

Project Electives:

mark two
1 – first choice
2 – second choice

☐ Archery ☐ Arts & Crafts ☐ Cooking
☐ Stem Project Kit ☐ Electrical Exploration

Ministry Electives:

mark two
1 – first choice
2 – second choice

☐ Choir ☐ Drama ☐ Sign Language
☐ Service Project

If you are going away from home during camp, please let us know how to reach you in case of an emergency, and please write down the name of the person who will be picking up your child after camp, if you will not be the one coming to get your child.

I will not be home during the week of camp, but you can contact me at: _____

Name of the person picking up your child: _____

MEDICAL RELEASE/PARENTAL CONSENT FORM

Name _____ Grade Completed _____ Age _____ Birthdate _____
Address _____ (Street) _____ (City) _____ (State) _____ (Zip) _____ Phone _____ (Area Code) _____
Father's Work Phone Number _____ (Area Code) _____ Mother's Work Phone Number _____ (Area Code) _____

IN CASE OF AN EMERGENCY AND PARENTS CANNOT BE REACHED, PLEASE CONTACT:

Name _____ Phone _____ (Area Code) _____ Relationship to Your Child _____

MEDICAL INFORMATION [must be filled out completely]

1. List all known allergies: _____
_____ ☐ None
2. Date of last tetanus shot or Dtap: _____
3. Do you give permission for the camp nurse to administer over-the-counter Tylenol or allergy medications to your child? **YES NO**
4. Complete the medication authorization form for any daily medication or vitamin that the camp nurse is to administer. [See second page]
5. Please state any physical and/or emotional concerns that the camp staff should be aware of to prepare accordingly. _____
_____ ☐ None

MEDICAL RELEASE STATEMENT:

The undersigned does hereby give permission for our (my) child, _____, to attend and participate in the East Central Region's **2025 Kid's Kamp** program at Ludlow Falls Camp.

We (I) authorize an adult, in whose care the minor has been entrusted, to consent to the below, pending a phone call to us: X-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of, any physician, dentist, or medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

The undersigned shall be liable and agree to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization. Should it be necessary for our (my) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

In the event that (child's name), _____, is in need of medical attention, I hereby release the Children's Ministries Committee of the Missionary Church of any legal responsibility, and do hereby authorize the staff to make any decision they deem necessary regarding competent medical and hospital treatment, if parent or guardian cannot be immediately reached.

Hospital Insurance (circle one): **YES NO** Person Holding Insurance For This Child _____

Insurance Company _____ Policy Number _____

Child's Physician _____ Phone Number _____ (Area Code) _____

Father's Signature Date _____ or _____
Mother's Signature Date _____

Legal Guardian's Signature _____ Date _____

Medication Authorization Form

Name _____ Age _____ Date _____

Parent/Guardian,

Choose a section that applies to your situation and fill in all spaces. Then, sign and date the form and send it in along with the medication in it's original container.

Part I: Prescription Medication

For a Parent/Guardian request of administration for Prescription Medicine from a pharmacy, please complete the section below.

Name of Item of be Administered _____

Dosage _____ Times of Dosage _____

Specific Instructions for Administration _____

Possible Side Effects _____

Expiration Date of This Request _____

Signature of Parent/Guardian _____

Phone No. _____

Part II: Non-Prescription Medication

Fro a Parent/Guardian request of administration of over the counter, non-prescription medicine, please complete the section below.

Name of Item of be Administered _____

Dosage _____ Times of Dosage _____

Specific Instructions for Administration _____

Possible Side Effects _____

Expiration Date of This Request _____

Signature of Parent/Guardian _____

Phone No. _____

WHAT TO BRING TO Kid's Kamp:

What will my child(ren) need to bring to camp?

- ☐ **PLEASE NOTE:** To help prevent the spread of unwanted parasites such as bed bugs, we recommend campers bring belongings in an air tight tub (such as Rubbermaid or Sterilite) rather than a suitcase or bag.
- ☐ Sleeping bag
- ☐ Pillow
- ☐ Towels, washcloths
- ☐ Toothbrush, shampoo, soap, etc.
- ☐ Casual clothes
- ☐ Old shorts, shirt and shoes for water games (eg. water shoes)
- ☐ Swimsuit (one piece or modest tankini [no stomach showing] suits for girls, please)
- ☐ Sunscreen
- ☐ Water Bottle
- ☐ Flashlight
- ☐ Plastic bag (for wet clothes or laundry)
- ☐ Bible, pencils, pen, notebook
- ☐ Hat or ball cap
- ☐ A Can Of Good Insect Repellent



WHAT NOT TO BRING:

What should my child(ren) not bring to camp?

Additional money

Inappropriate clothes (modest shorts and T-shirts with no offensive words/graphics would be appropriate)

Cell phones, DS games or other electronic devices that could be lost or damaged

Food/snacks (attracts unwanted animals)