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

Dear Parents,

Kid's *Alive!* is an overnight camp for children completing 1st-2nd grade. It is scheduled for **June 19-20, 2026**. While Kid's Kamp has proven to be a life-changing event for children, where many make their first-time decision to follow Jesus, Kid's *Alive!* seems to be the place where those first seeds of faith are planted in their lives.

To help you in signing up your first or second grader, please pay special attention to the following…

- ❒ Please fill out all the necessary information on the Kid's *Alive!* registration and **return all completed forms to your church's Kid's *Alive!* representative**, along with the $40 registration fee, made payable to Missionary Church ECR (Children). 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 completed through our website at www.mcecr.org, click on the Events tab, then scroll to Children's Ministries, or by using the QR code below. **Please Note:** There is a small additional fee for paying online. Registration may be done online and a check mailed to address above to avoid bank fee.
- ❒ Please complete the Medical Release/Parental Consent form in its entirety along with the Medical Authorization Form.
- ❒ **Please return your forms to your church's Kid's *Alive!* representative**, along with your registration payment by the deadline set by your local church. Registrations postmarked after June 2, 2026, will be charged an additional $10 and are not guaranteed a camp shirt. (The total for a late registration is $50.)

Our rally speaker for Kid's *Alive!* Will once again be Rich & Jill Studebaker. The Studebakers connect well with the children and provide solid Christian-based worship and Biblical-based lessons.

Being younger children, I know some may have difficulty being separated from a parent overnight. With that in mind, as an alternative, parents are free to rent a camp cabin ($20-25 per night) and have their child sleep with them at night, rather than in a dorm with adult counselors.

We are excited to offer this opportunity to your first or second grader and 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 *Alive!* Director
Children's Ministries Committee

scan to register

Arrival Time and Registration: Friday, June 19, from 2:30 - 3:00 pm

Dismissal Time: Saturday, June 20 at 2:00 pm

Individual Registration Form

Alive!

June 19-20, 2026

Name: _____
(Last Name) (First Name)

Address: _____
(Street)

_____
(City) (State) (Zip)

Phone Number: _____
(Area Code)

Check one, indicating if your child is a: ❑ BOY ❑ GIRL

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

Church your child attends: _____

Pastor's name: _____

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

1. _____ 2. _____

Every effort will be made to meet your request; however, the camp administration reserves the right to make final roommate selections.

MEDICAL RELEASE/PARENTAL CONSENT FORM

Name _____ Grade Completed _____ Age _____ Birthdate _____

Address _____ Phone _____
(Street) (City) (State) (Zip) (Area Code)

Father's Work Phone Number _____ Mother's Work Phone Number _____
(Area Code) (Area Code)

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

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

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 disability 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 **2026 Kid's *Alive!*** 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)

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

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 Camp:

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 suits for girls, please)
- ❑ Sunscreen
- ❑ Water bottle
- ❑ Flashlight
- ❑ Plastic bag (for wet clothes)
- ❑ 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?

- ☒ Food/snacks (attracts unwanted animals)
- ☒ Additional money
- ☒ Inappropriate clothes (modest shorts and T-shirts with no offensive words/graphics would be appropriate)
- ☒ Tablets, iPods, cell phones, DS games or other electronic devices that could be lost or damaged