



Missionary Church ECR Kid's *Alive!*

1509 West Main Street

Troy, Ohio 45373

(937)339-0015

Dear Pastor/Children's Worker,

We hope you are gearing up for a remarkable summer of ministry including our annual **Kid's *Alive!***, an overnight camp for children completing 1st-2nd grade, scheduled for **June 19-20, 2026**.

Children are encouraged to register through their local church, which makes your role as point person critical. Attached is your **Kid's *Alive!*** registration packet. Please look it over closely and make the necessary copies for the children completing grades 1-2 in your church. Just a reminder, children of regional pastors are able to attend camp free of charge. Simply mark the child's name with a "PK" on the registration form so we know they are coming for free.

Please collect all the registration forms and send them in together, along with the church registration form, and one check from your church for the total amount, made payable to **Missionary Church ECR (Children)** by the pre-registration deadline of **Tuesday, June 2, 2026**. Registrations received after Tuesday, June 2, 2026, will only be accepted as space allows, and is not guaranteed a camp shirt.

Please send your completed forms to: Missionary Church Kid's *Alive!*
1509 West Main Street
Troy, OH 45373

Your Kid's *Alive!* Registration Packet includes:

- ☐ Church Registration Forms
- ☐ Letter to Parents of Children
- ☐ Kid's *Alive!* Individual Registration Form
- ☐ Medical Release/Parent Consent Form
- ☐ Medical Authorization Form
- ☐ What to Bring to Camp
- ☐ Kid's *Alive!* Poster
- ☐ Kid's *Alive!* Flyer

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.

In His Service,

Jeff Gerig, Kid's *Alive!* Director

Church: _____

Address: _____
(Street) (City) (State) (Zip)

Children's Director: _____ Email: _____

Daytime Phone: _____ Home Phone: _____

\$40

\$50

Cost	Number of Boys	Number of Girls	Total Number Attending/Family Units Renting Cabin	Total
\$40 (Postmarked by June 2)	List names on form.	List names on form.		\$ _____
\$20 Cabin \$25 Cabin (with shower--limited amount)	List names on form.			\$ _____
Enclose only <u>ONE</u> check made payable to: Missionary Church ECR (Children) *Send to: Missionary Church Kid's <i>Alive!</i> 1509 West Main Street Troy, OH 45373			Total Amount Enclosed	\$ _____



Child Size: _____ 6-8 _____ 10-12 _____ 14-16

Total Shirts Ordering: _____

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

**Be sure to enclose your Church Registration Form, Individual Registration & Medical Release Forms, Medical Authorization Form and a check payable to Missionary Church ECR (Children). Early registrations must be postmarked by Tuesday, June 2, 2026.*

Church Registration Form

Kid's *Alive!*

Paid \$40	Names of Boys
	1.
	2.
	3.
	4.
	5.
	6.
	7.
	8.
	9.
	10.
	11.
	12.
	13.
	14.
	15.

Paid \$40	Names of Girls
	1.
	2.
	3.
	4.
	5.
	6.
	7.
	8.
	9.
	10.
	11.
	12.
	13.
	14.
	15.

Mark appropriate paid column for parents planning to rent a cabin. All cabins (\$20) will have a sink and toilet. There are a limited number of cabins with showers (\$25) and may not be available.

Paid \$20*	Paid \$25*	Name of Family Unit Renting Cabin First Last Name	Number of people planning to stay. <u>Please note:</u> Siblings will not be allowed to participate in Kid's <i>Alive!</i> activities.
		1.	
		2.	
		3.	
		4.	
		5.	
		6.	
		7.	
		8.	
		9.	
		10.	

***Meals not included. Meals will be available at a cost of \$5.00 per adult and \$3.00 per child 6 and under.**



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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 _____
(Street) (City) (State) (Zip) Phone _____
(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)

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 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