

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 grades 1 and 2. It is scheduled for **June 24-25, 2022**. 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 <u>return all</u> <u>completed forms to your church's Kid's *Alive!* representative, along with the \$35 registration fee. 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 through our website at <u>www.mcecr.org</u>, click on the Events tab, then scroll to Children's Ministries.</u>
- ☐ Please complete the Medical Release/Parental Consent form in its entirety.
- □ 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 7, 2022 will be charged an additional \$10 and are not guaranteed a camp shirt. (The total for a late registration is \$45.)

Our rally speaker for Kid's *Alive!* 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 "Breakout," encouraging children to break free sin.

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,

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Jeff Gerig, Kid's *Alive!* Director Children's Ministries Committee

Please note under "What to Bring to Camp" the recommended type of container we are asking you to use in place of a suitcase or bag.

Arrival Time and Registration: Friday, June 24, from 2:30 - 3:00 pm

<u>Dismissal Time</u>: Saturday, June 25 at 1:30 pm

Individual Registration Form

Alive! June 24-25, 2022

Name:					_			
Address	(Last Name)	(First Name)					hild Size:	10
	(Street)				L	-1 6-8	10-12 14-1	
Phone N	(City) Number:	Code)	(State)	(Zip)		•	Shirt Size rcle one)	
	(J
Check o	ne, indicating i	f your child is a:	□ воч	Y 🗖 G	IRL			
Child's A	Age :	Grade your child	l has just	completed	:			
Church	your child atte	nds:						
Pastor's	name:							
Please in	ndicate which c	hild(ren) your ch	nild would	l like to roo	om with for	r the nigh	t.	
1				2	_			
	fort will be mad	de to meet your elections.	request; h	nowever, <u>th</u>	ne camp ad	<u>ministrati</u>	on reserves	the right to

MEDICAL RELEASE/PARENTAL CONSENT FORM

Name	Grad	de Completed	Age	Birthdate
Address				Phone(Area Code)
Father's Work Phone Number(Area Code)		Mother's Work Ph	one Number	(Area Code)
IN CASE OF AN EMERGENCY AND I	PARENTS CAN	NOT RE REACHE	D DIFASE	CONTACT:
Name	(Area Code)		r	
MEDICAL INFORMATION [must be fil	ed out completely	7]		
List all known allergies:				
Ü				None
2. Date of last tetanus shot or Dtap:		_		
3. Do you give permission for the camp nur	se to administer o	ver-the-counter Tylen	ol or allergy n	nedications to your child? YES NO
4. Complete the medication authorization form	n for any daily med	lication or vitamin that	the camp nurs	se is to administer. [See second page]
5. Please state any physical and/or emotional of	lisability that the ca	amp staff should be awa	re of to prepa	are accordingly.
71 7	,	1	1 1	None
MEDICAL RELEASE STATEMENT: The undersigned does hereby give permission Central Region's 2022 Kid's Alive! program				_, to attend and participate in the Eas
We (I) authorize an adult, in whose care the min anesthetic, medical, surgical or dental diagnosupervision and on the advice of, any physic rendered at the office of said physician or at a surgical physician physician or at a surgical physician	sis or treatment, a	and hospital care, to b	e rendered to	the minor under the general or specia
The undersigned shall be liable and agree to rendered to the aforementioned child pursu medical reasons or otherwise, the undersigne	ant to this author	ization. Should it be	n connection necessary for	with such medical and dental service our (my) child to return home due to
In the event that (child's name), Ministries Committee of the Missionary Chu deem necessary regarding competent medical	arch of any legal r and hospital treat	, is in need of esponsibility, and do l	medical atte nereby author rdian cannot	ntion, I hereby release the Children' rize the staff to make any decision the be immediately reached.
Hospital Insurance (circle one): YES NO	Person Ho	olding Insurance For T	his Child _	
Insurance Company			Policy	Number
Child's Physician			Phone Num	ber (Area Code)
	e	_ or		Date
Father's Signature		Mother's Signa	ture	
Legal Guardian's Signature				Date
AS A HOSPITAL REQUIREMENT, TH	IIS FORM MUS	<u>T BE NOTARIZEI</u>	<u>):</u>	
Notary Signature		D .		

Medication Authorization Form

Name	Age	Date
Parent/Guardian, Choose a section that applies to yo in along with the medication in it's		Then, sign and date the form and send it
Part I: Prescription Medicati	on	
For a Parent/Guardian request of acthe section below.	lministration for Prescription Me	dicine from a pharmacy, please complete
Name of Item of be Administered		
Specific Instructions for Administra	ation	
Signature of Parent/Guardian Phone No.		
Part II: Non-Prescription Me		
Fro a Parent/Guardian request of accomplete the section below.	lministration of over the counter,	non-prescription medicine, please
Name of Item of be Administered		
Dosage	Times of Dosage	
Specific Instructions for Administra		
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 be recommend campers bring belongings in an air tight tub (such as Rubbermaid or than a suitcase or bag.	ed bugs, we Sterilite) rather
☐ Sleeping bag	
□ Pillow	
☐ Towels, washcloths	
☐ Toothbrush, shampoo, soap, etc.	100
☐ Casual clothes	
☐ Old shorts, shirt and shoes for water games (eg. water shoes)	
☐ Swimsuit (one piece or modest tankini suits for girls, please)	
☐ Water bottle	
☐ Flashlight	
☐ Plastic bag (for wet clothes)	
☐ Bible, pencils, pen, notebook	
☐ Hat or ball cap	
☐ At least one 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