DELTA KIDS CLUB
REGISTRATION FORM
2025-2026

NAME:_____AGE:_____ GRADE:_____

ADDRESS:_____
_____

PHONE #:_____

EMAIL ADDRESS:_____

PARENT(S) NAME:_____

HEALTH INFORMATION

Does your child have any medical problems? Please explain below.

Any allergies?

Any activity restrictions?

From time to time during the year, our DELTA Kids Club will be having well-supervised outings. Please fill out the permission slip below, which we will keep on file for the year.

My child, _____has permission to attend outings with the DELTA Kids Club of Weare Christian Church during the 2025-2026 season. I also give the DELTA Kids Club leaders permission to seek emergency medical treatment for my child in the event that I am unable to be reached.

Parent/Guardian Signature_____

Emergency # where I can be reached:_____

Work #(if applicable):_____

Health Insurance information and any policy # or phone # needed:
_____
_____