

**DELTA KIDS CLUB  
REGISTRATION FORM  
2024-2025**

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 2024-2025 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:

\_\_\_\_\_  
\_\_\_\_\_