

**FAMILY MEMBER PROGRAMS FLIGHT
Child Information Sheet**

This form must be completed by all parents for their child(ren) attending any of the activities in the Family Member Programs Flight-Child Development Centers, Family Child Care Program, or School-Age Programs. Please review the following list of special needs. If your child has been identified as having one of these special needs, write "yes" on the line provided and briefly describe the special need.

Food Allergies	_____	_____
Behavior Disorder (Specify)	_____	_____
Physical Disabilities (Specify)	_____	_____
Speech/Language Disorder	_____	_____
Hearing Impaired	_____	_____
Developmentally Delayed	_____	_____
Diabetes	_____	_____
Asthma	_____	_____
Vision Impaired	_____	_____
ADHD (Attention Deficit Hyperactivity Disorder)	_____	_____
Breathing Difficulties	_____	_____
Heart Monitor	_____	_____
Seizures	_____	_____
Lead Poisoning	_____	_____
Attending an At-Risk Program	_____	_____
Other Medical or Mental Conditions (Specify)	_____	_____



Child's Name

Date of Birth

Parent's Name

Date

T&C Signature

Date