



Pre-flight Child Security Information

Please provide the following information so that we can best safeguard your child.

Today's Date: _____ guest new attender
 regular attender info update

Service Attended: Sunday 8:00a 9:30a 11:15a
 Saturday 6:00p Wednesday Flight School Vital Moms

HOUSEHOLD INFORMATION:

Last Name (Family Name): _____

Home Phone#: _____

Email : _____

Home Address: _____

Mailing Address (if different): _____

City: _____ State: _____ Zip: _____

City: _____ State: _____ Zip: _____

PARENT/GUARDIAN INFORMATION

Name: _____
 First Last

parent legal guardian foster parent

Other: _____

Name: _____
 First Last

parent legal guardian foster parent

Other: _____

Cell Phone#: _____

Cell Phone#: _____

CHILD(REN)'S INFORMATION:

First: _____

First: _____

First: _____

Middle: _____

Middle: _____

Middle: _____

Last: _____

Last: _____

Last: _____

Gender: Female Male

Gender: Female Male

Gender: Female Male

Date of Birth: ____/____/____

Date of Birth: ____/____/____

Date of Birth: ____/____/____

Age: _____ Grade: _____

Age: _____ Grade: _____

Age: _____ Grade: _____

School: _____

School: _____

School: _____

Allergies: NONE

Allergies: NONE

Allergies: NONE

mild severe life threatening

mild severe life threatening

mild severe life threatening

Medical Requirement: NONE

Medical Requirement: NONE

Medical Requirement: NONE

Special Needs: NONE

Special Needs: NONE

Special Needs: NONE

Guardian permissions/restrictions: NONE

Guardian permissions/restrictions: NONE

Guardian permissions/restrictions: NONE

For office use only:

rev 06-09-11

Added to PPager date: _____ Added to F1 date: _____

Postcard date: _____ Follow-up call : _____ F1 contacts added: _____