YOUTH FLIGHT REGISTER	CONTROL NUMBER	DATE	DAY	PAGE OF PAGES

INSTRUCTIONS: Parents or Sponsor please read statement before signing in: I, the undersigned, hereby agree to notify the activity staff of my whereabouts during the period my children are in the center.

I certify that I am familiar with the rates and charges including rates and late fee charges, if applicable, that are presently in effect.

I. TO BE FILLED IN BY PARENT OR SPONSOR *(PLEASE PRINT)*								II. TO BE FILLED IN BY ADMINISTRATIVE STAFF							COMPLETE AT CHECK OUT		
NO.	PRINT NAME OF CHILD *(Last name first)*	AGE	PRINT NAME AND GRADE OF PARENT OR SPONSOR	EMERGENCY PHONE NUMBER	MEALS (X) B	L	D	SPECIAL INSTRUCTIONS *(Hourly patrons include estimated length of visit)*	TIME IN	TIME OUT	TOTAL TIME	DAILY FEES CARE	DAILY FEES OTHER SERVICES	PREPAID (X)	DAILY CASH COLLECTION TOTALS	MONTHLY WEEKLY CHARGE TOTALS	SIGNATURE OF PARENT OR SPONSOR	INITIALS OF ADMIN STAFF CHECK OUT
											TOTALS							

AF FORM 1182, AUG 95

PREVIOUS EDITION IS OBSOLETE.