

# Promised Land Registration

New Family     Visitor     Edit   

<input type="text" value="Child's Last Name"/>	<input type="text" value="Child's First Name"/>
<input type="checkbox"/> Boy <input type="checkbox"/> Girl	<input type="text" value="Birth Date"/> <input type="text" value="Group"/>
<input type="text" value="Allergies / Medical Conditions"/>	

<input type="text" value="Child's Last Name"/>	<input type="text" value="Child's First Name"/>
<input type="checkbox"/> Boy <input type="checkbox"/> Girl	<input type="text" value="Birth Date"/> <input type="text" value="Group"/>
<input type="text" value="Allergies / Medical Conditions"/>	

<input type="text" value="Child's Last Name"/>	<input type="text" value="Child's First Name"/>
<input type="checkbox"/> Boy <input type="checkbox"/> Girl	<input type="text" value="Birth Date"/> <input type="text" value="Group"/>
<input type="text" value="Allergies / Medical Conditions"/>	

<input type="text" value="Address"/>	<input type="text" value="City"/>		
<input type="text" value="State"/>	<input type="text" value="Zip"/>	<input type="text" value="Home Phone"/>	<input type="text" value="Cell Phone"/>

<input type="text" value="Mother's Last Name"/>	<input type="text" value="Mother's First Name"/>
<input type="checkbox"/> Address same as child	<input type="text" value="Email"/>
<input type="text" value="Father's Last Name"/>	<input type="text" value="Father's First Name"/>
<input type="checkbox"/> Address same as child	<input type="text" value="Email"/>

<input type="text" value="Emergency Contact"/>	<input type="text" value="Home Phone"/>	<input type="text" value="Cell Phone"/>
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I/we hereby give permission to Princeton Alliance Church and any of its affiliated organizations, to use the name of my child and/or his/her photograph for promotional, news, or public relations purposes in print and/or electronic media.