



# PROMISELAND

## NEW GUEST REGISTRATION

### PARENT/GUARDIAN #1

Full Name: \_\_\_\_\_ Gender: M/F

Email(s): \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### PARENT/GUARDIAN #2

Full Name: \_\_\_\_\_ Gender: M/F

Email(s): \_\_\_\_\_

Cell Phone: \_\_\_\_\_

### CHILD #1

Full Name: \_\_\_\_\_

Birthday: \_\_\_/\_\_\_/\_\_\_ Grade: \_\_\_\_\_ Gender: M/F

Allergies: \_\_\_\_\_

Comments/Special Needs: \_\_\_\_\_

### CHILD #2

Full Name: \_\_\_\_\_

Birthday: \_\_\_/\_\_\_/\_\_\_ Grade: \_\_\_\_\_ Gender: M/F

Allergies: \_\_\_\_\_

Comments/Special Needs: \_\_\_\_\_

### CHILD #3

Full Name: \_\_\_\_\_

Birthday: \_\_\_/\_\_\_/\_\_\_ Grade: \_\_\_\_\_ Gender: M/F

Allergies: \_\_\_\_\_

Comments/Special Needs: \_\_\_\_\_

### CHILD #4

Full Name: \_\_\_\_\_

Birthday: \_\_\_/\_\_\_/\_\_\_ Grade: \_\_\_\_\_ Gender: M/F

Allergies: \_\_\_\_\_

Comments/Special Needs: \_\_\_\_\_



# PROMISELAND

## REGISTRO

### PARENT/GUARDIÁN #1

Nombre Completo: \_\_\_\_\_ Género: M/F

Email(s): \_\_\_\_\_

Celular: \_\_\_\_\_

Dirección: \_\_\_\_\_

Ciudad/Estado: \_\_\_\_\_ Código Postal: \_\_\_\_\_

### PARENT/GUARDIÁN #2

Nombre Completo: \_\_\_\_\_ Género: M/F

Email(s): \_\_\_\_\_

Celular: \_\_\_\_\_

### MENOR #1

Nombre completo: \_\_\_\_\_

Fecha de Nacimiento: \_\_\_/\_\_\_/\_\_\_ Año Escolar: \_\_\_ Gender: M/F

Alergias: \_\_\_\_\_

Comentarios: \_\_\_\_\_

### MENOR #2

Nombre completo: \_\_\_\_\_

Fecha de Nacimiento: \_\_\_/\_\_\_/\_\_\_ Año Escolar: \_\_\_ Gender: M/F

Alergias: \_\_\_\_\_

Comentarios: \_\_\_\_\_

### MENOR #3

Nombre completo: \_\_\_\_\_

Fecha de Nacimiento: \_\_\_/\_\_\_/\_\_\_ Año Escolar: \_\_\_ Gender: M/F

Alergias: \_\_\_\_\_

Comentarios: \_\_\_\_\_

### MENOR #4

Nombre completo: \_\_\_\_\_

Fecha de Nacimiento: \_\_\_/\_\_\_/\_\_\_ Año Escolar: \_\_\_ Gender: M/F

Alergias: \_\_\_\_\_

Comentarios: \_\_\_\_\_