



Open hearts. Open minds. Open doors.

The people of The United Methodist Church®

VISITORS FORM NURSERY Drop Off Slip

DATE: _____

CHILD: _____ AGE: _____

PARENT/GUARDIAN: _____

ALLERGIES: _____

MEDICATIONS: _____

FEEDING / NAPPING INSTRUCTIONS: _____

SPECIAL INSTRUCTIONS: _____

PARENT SEATING LOCATION IN SANCTUARY: _____

PARENT SUNDAY SCHOOL CLASS: _____

PHONE/PAGER ON VIBRATE PLEASE: _____

REGISTRATION FORM COMPLETED: () YES () NO

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