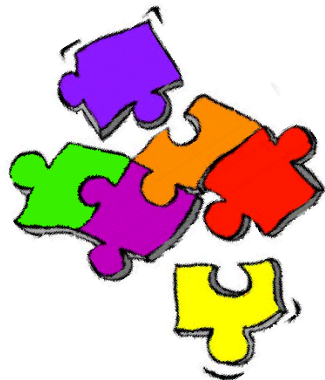


Williamson's Chapel UMC  
Children's Ministry  
**Nursery Registration Form**



First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Gender *(circle one)* M F

Parent Name \_\_\_\_\_

Allergies \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

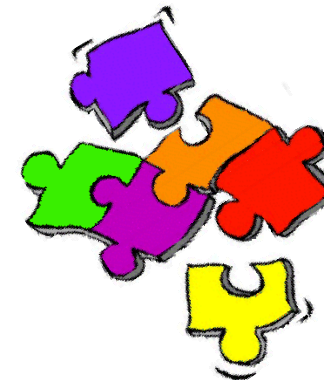
Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Birthday \_\_\_\_\_ *(MM/DD/YYYY)*

Grade Nursery

Williamson's Chapel UMC  
Children's Ministry  
**Nursery Registration Form**



First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Gender *(circle one)* M F

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Grade Nursery