

Jolliff United Methodist Church

Request for Child Care/Nursery

(Please have this form back by Wednesday at noon to request nursery for the following Sunday).

| Name: | |
|-------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|
| Cell Phone: | (Can we send you a text?) |
| Email Address: | |
| | Number of children: |
| | |
| | |
| Any Special instructions/allergies: | |
| | |
| • | equest there will be a paid attendant in the nursery to watch ill not be able to attend I will contact the church Office Secretary@JolliffUMC.org. |
| Signature: | |