

**REGISTRATION FORM  
THE CHILDREN'S CENTER  
COLLEGE OF MOUNT ST. JOSEPH  
5701 Delhi Road  
Cincinnati, OH 45233  
244-4972**

Child's Name \_\_\_\_\_ Nickname \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age at Enrollment \_\_\_\_\_

On Campus Family Member \_\_\_\_\_

Address \_\_\_\_\_  
(Street, City, State and Zip)

Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_

Student ID # \_\_\_\_\_ Cell Phone \_\_\_\_\_



Hours Care is Needed:

	<b>ARRIVE</b>	<b>DEPART</b>
Monday	_____	_____
Tuesday	_____	_____
Wednesday	_____	_____
Thursday	_____	_____
Friday	_____	_____

A Family Roster is made available each semester to parents of enrolled children.

- Include my name and phone number on the family roster.
- Do NOT include my name and phone number on the family roster.

I, being the parent or legal guardian of the above named minor, do hereby consent to and give permission to the College of Mount St. Joseph, to use photographs of my child for publication.

\_\_\_\_\_  
(Signature, Parent or Legal Guardian)

\_\_\_\_\_  
(Date)