

Date Received \_\_\_\_\_

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

Child's Name \_\_\_\_\_(Boy/Girl) \_\_\_\_\_ Nickname \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age at enrollment \_\_\_\_\_

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

Address \_\_\_\_\_  
(**Street, City, State and Zip**- please write clearly and give complete address)

Home Telephone \_\_\_\_\_ E-Mail \_\_\_\_\_

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

Hours care is needed: Please factor in 10 minutes before and after class. Care is only provided during class time. Child must be picked up if more than 1 hour between classes.

**ARRIVE**

**DEPART**

Monday \_\_\_\_\_

\_\_\_\_\_

Tuesday \_\_\_\_\_

\_\_\_\_\_

Wednesday \_\_\_\_\_

\_\_\_\_\_

Thursday \_\_\_\_\_

\_\_\_\_\_

Friday \_\_\_\_\_

\_\_\_\_\_

I have enclosed \$25.00 for each child I have registered. \_\_\_\_\_  
(Cash or check made out to MSJ Children's Center)

I have enclosed a copy of my official classroom schedule \_\_\_\_\_

**Your child will not be registered unless these items are included with your registration form!**

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)

