

William Mallory Early Learning Center Application for Childcare Services

3520 Central Parkway
Cincinnati, Ohio 45223-2690

513-569-1500 tel
www.cincinnati-state.edu

Registration packets will be distributed
upon confirmation of enrollment

Child's legal name: _____

Date of birth: _____ Female Male

Please indicate if you need childcare services for other children in your family:

Name: _____ DOB: _____ Female Male

Name: _____ DOB: _____ Female Male

Name: _____ DOB: _____ Female Male

Name of person requesting services:

Name: _____ Relationship: _____

Address: _____
Street / Apartment #

City / State / Zip Code

Phones

Home: _____ Work: _____ Cell: _____

**Priority enrollment is given to full-time Cincinnati State students and staff.
Part time and community parents will be enrolled at the center if positions are available.
There is up to a one-year waiting list depending on the age of the child.**

Are you a Cincinnati State: student staff member faculty member none

For Students:

Name of program in which you are enrolled: _____

Anticipated graduation date: _____

For Staff:

Your department: _____

Phone Number and Extension: _____

*** The waiting list is provided as a courtesy, and does not guarantee a space in the center,
or in the order in which the application was received. There is up to a one-year wait for infant and toddler spots.**

Date application received _____