



The Center for the Development of Children

4 Springdale Ave.
PO Box 279
Dover, MA 02030

Sandy Blinn, Director

ctrdevchild@gmail.com

(508)785-1835

Application form for 2020-2021

1. Child's name: _____ __M __F

2. Child's name: _____ __M __F
First Middle Last

Address: _____ Town: _____ Zip: _____

Home Telephone: _____

Date of Birth: **Child 1:** _____ **Child 2:** _____

Age as of September 1, 2020:

Child 1: _____ years _____ months **Child 2:** _____ years _____ months

Parent/Guardian's name: _____ Occupation _____

Alt. phone _____

Parent/Guardian's Name: _____ Occupation _____

Alt. phone _____

Preferred Email Address: _____

****Kindly mark the times and days of your choices below and note our 2 day minimum requirement for our two year old class and our 3 day minimum requirement for our 3 and 4 year old classrooms****

Please circle....

1. Your days

2. Your drop off time

3. Your pick up time

CHILD 1:

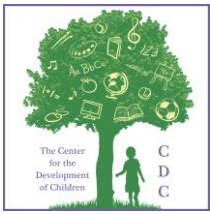
Monday	7:15	8:00	8:45	12:30	1:30	2:30	3:30	4:30
Tuesday	7:15	8:00	8:45	12:30	1:30	2:30	3:30	4:30
Wednesday	7:15	8:00	8:45	12:30	1:30	2:30	3:30	4:30
Thursday	7:15	8:00	8:45	12:30	1:30	2:30	3:30	4:30
Friday	7:15	8:00	8:45	12:30	1:30	2:30	3:30	4:30

CHILD 2:

Monday	7:15	8:00	8:45	12:30	1:30	2:30	3:30	4:30
Tuesday	7:15	8:00	8:45	12:30	1:30	2:30	3:30	4:30
Wednesday	7:15	8:00	8:45	12:30	1:30	2:30	3:30	4:30
Thursday	7:15	8:00	8:45	12:30	1:30	2:30	3:30	4:30
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Signature of Parent/Guardian

Date



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