



# The Center for the Development of Children

30 Springdale Ave.  
PO Box 279  
Dover, MA 02030

Sandy Blinn, Director

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(508)785-1835

Application form for 2023-2024

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, 2023:

**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

Tuesday 7:15 8:00 8:45 12:30 1:30 2:30 3:30

Wednesday 7:15 8:00 8:45 12:30 1:30 2:30 3:30

Thursday 7:15 8:00 8:45 12:30 1:30 2:30 3:30

Friday 7:15 8:00 8:45 12:30 1:30 2:30 3:30

**CHILD 2:**

Monday 7:15 8:00 8:45 12:30 1:30 2:30 3:30

Tuesday 7:15 8:00 8:45 12:30 1:30 2:30 3:30

Wednesday 7:15 8:00 8:45 12:30 1:30 2:30 3:30

Thursday 7:15 8:00 8:45 12:30 1:30 2:30 3:30

Friday 7:15 8:00 8:45 12:30 1:30 2:30 3:30

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date