



The Center for the Development of Children

30 Springdale Ave.
PO Box 279
Dover, MA 02030

Sandy Blinn, Director

ctrdevchild@gmail.com

(508)785-1835

Application form for 2024-2025

1. Child's name: _____ _M _F

2. Child's name: _____ _M _F
First Middle Last

Address: _____ Town: _____ Zip: _____

Reachable Telephone Number: _____

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

Age as of September 1, 2024:

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****

Note: For our core hours, we have staggered drop off (8:30,8:40,8:50) and pick up (12:20,12:30,12:40) times by last name.

Please circle.....

1. Your days

2. Your drop off time

3. Your pick up time

CHILD 1:

Monday 7:15 8:00 Core Core 1:30 2:30 3:30

Tuesday 7:15 8:00 Core Core 1:30 2:30 3:30

Wednesday 7:15 8:00 Core Core 1:30 2:30 3:30

Thursday 7:15 8:00 Core Core 1:30 2:30 3:30

Friday 7:15 8:00 Core Core 1:30 2:30 3:30

CHILD 2:

Monday 7:15 8:00 Core Core 1:30 2:30 3:30

Tuesday 7:15 8:00 Core Core 1:30 2:30 3:30

Wednesday 7:15 8:00 Core Core 1:30 2:30 3:30

Thursday 7:15 8:00 Core Core 1:30 2:30 3:30

Friday 7:15 8:00 Core Core 1:30 2:30 3:30

Signature of Parent/Guardian

Date