



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 2025-2026

1. Child's name: _____ __M__F

2. Child's name: _____ __M__F
First Middle Last

Address: _____ Town: _____ Zip: _____

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

Age as of September 1, 2025:

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

Parent/Guardian's name: _____ Occupation _____

Phone _____ Email: _____

Parent/Guardian's Name: _____ Occupation _____

Phone _____ Email: _____

****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****

Staggered drop off and pick up times during core hours (8:20/30/40-12:20/30/40) will be determined by last name.

Please circle....

1. Your days

2. Your drop off time

3. Your pick up time

CHILD 1:

Day	7:15	8:00	8:20/30/40	12:20/30/40	1:30	2:30	3:30
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							

CHILD 2:

Day	7:15	8:00	8:20/30/40	12:20/30/40	1:30	2:30	3:30
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							

Signature of Parent/Guardian

Date