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 2027-2028

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, 2027:

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

Signature of Parent/Guardian Date