

The Center for the Development of Children

Application form for 2010-2011

Child's name: _____ Sex: __M__F

First Middle Last

Address: _____ Town: _____ Zip: _____

Home Telephone: _____

Date of Birth: _____ (MM/DD/YYYY)

Age as of September 1, 2010: _____ years _____ months

Guardian's name: _____ Occupation _____

Alt. phone _____

Guardian's Name: _____ Occupation _____

Alt. phone _____

Preferred Email Address: _____

****Please mark the times and days of your choices below and note our 2 day minimum requirement****

Please pick....

1. Your days	2. Your drop off time	3. Your pick up time
__ M	__ 7:15 __ 8:00 __ 8:45	__ 12:30 __ 1:30 __ 3:30 __ 4:30 __ 5:30
__ T	__ 7:15 __ 8:00 __ 8:45	__ 12:30 __ 1:30 __ 3:30 __ 4:30 __ 5:30
__ W	__ 7:15 __ 8:00 __ 8:45	__ 12:30 __ 1:30 __ 3:30 __ 4:30 __ 5:30
__ Th	__ 7:15 __ 8:00 __ 8:45	__ 12:30 __ 1:30 __ 3:30 __ 4:30 __ 5:30
__ F	__ 7:15 __ 8:00 __ 8:45	__ 12:30 __ 1:30 __ 3:30 __ 4:30 __ 5:30

Guardian Signature

Date

____ Thank you, but we will not be joining CDC in the fall

(Child's name-please PRINT)

Guardian Signature