The Center for the Development of Children
4 Springdale Ave.
Dover, MA 02030

Diana E. Workman, Director (508)785-1835

Application form for 2012-13

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, 2012:

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	3:30	4:30	5:30
Tuesday	7:15	8:00	8:45	12:30	1:30	3:30	4:30	5:30
Wednesday	7:15	8:00	8:45	12:30	1:30	3:30	4:30	5:30
Thursday	7:15	8:00	8:45	12:30	1:30	3:30	4:30	5:30
Friday	7:15	8:00	8:45	12:30	1:30	3:30	4:30	5:30
Child 2:								
Monday	7:15	8:00	8:45	12:30	1:30	3:30	4:30	5:30
Tuesday	7:15	8:00	8:45	12:30	1:30	3:30	4:30	5:30
Wednesday	7:15	8:00	8:45	12:30	1:30	3:30	4:30	5:30
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_____ _____

Parent/Guardian Signature Date