



The Center for the Development of Children

4 Springdale Ave.
Dover, MA 02030

Diana E. Workman, Director

(508)785-1835

Child's Enrollment Form

Attach current picture here

Child Information

Child's name: _____ Date of birth: _____

Age at admissions: _____ Date of admission: _____

Child's home address: _____

Home phone number: _____

Primary Language: _____ Identifying marks: _____

Eye color: _____ Hair color: _____ Skin color: _____

Sex: _____ Height: _____ Weight: _____

Parent/Guardian Information

Parent/Guardian name: _____

Relationship to child: _____

Home Address: _____

Reachable phone number: _____

Email address: _____

Business Name: _____

Business Address: _____

Business phone number: _____

Hours at work: _____

Parent/Guardian name: _____

Relationship to child: _____

Home Address: _____

Reachable phone number: _____

Email address: _____

Business Name: _____

Business Address: _____

Business phone number: _____

Hours at work: _____

Additional Information

Child's Physician: _____

Address: _____ Phone number: _____

Allergies/special diets? _____

Individual health plan for child with a chronic health condition? If yes, please attach.

Copies of any custody agreements, court orders, and restraining orders pertaining to the child?

If yes, please attach.

Special limitations or concerns? _____

Parent/guardian Signature

Date