



The Center for the Development of Children

4 Springdale Ave.
Dover, MA 02030

Diana E. Workman, Director

(508)785-1835

EXTENDED TIME REQUEST FORM

CHILD'S NAME _____

ROOM (Please indicate)

- Wendy Puppy
- Sandy Panda
- Anna Penguin
- Jean Penguin

TODAY'S DATE _____

DATE (S)/TIMES REQUESTED:

Monday _____ **Not a regular day** _____ Regular day, extending hours
(Date)

Drop off: ___ 7:15 ___ 8:00 ___ 8:45

Pick up: ___ 12:30 ___ 1:30 ___ 2:30 ___ 3:30 ___ 4:30 ___ 5:30

Tuesday _____ **Not a regular day** _____ Regular day, extending hours
(Date)

Drop off: ___ 7:15 ___ 8:00 ___ 8:45

Pick up: ___ 12:30 ___ 1:30 ___ 2:30 ___ 3:30 ___ 4:30 ___ 5:30

Wednesday _____ **Not a regular day** _____ Regular day, extending hours
(Date)

Drop off: ___ 7:15 ___ 8:00 ___ 8:45

Pick up: ___ 12:30 ___ 1:30 ___ 2:30 ___ 3:30 ___ 4:30 ___ 5:30

Thursday _____ **Not a regular day** _____ Regular day, extending hours
(Date)

Drop off: ___ 7:15 ___ 8:00 ___ 8:45

Pick up: ___ 12:30 ___ 1:30 ___ 2:30 ___ 3:30 ___ 4:30 ___ 5:30

Friday _____ **Not a regular day** _____ Regular day, extending hours
(Date)

Drop off: ___ 7:15 ___ 8:00 ___ 8:45

Pick up: ___ 12:30 ___ 1:30 ___ 2:30 ___ 3:30 ___ 4:30 ___ 5:30

COMMENTS / NOTES FROM PARENT:

Parent/guardian signature: _____

(Please leave completed form with the office, or drop off in black tuition box outside of office door.)