



## Child Application Form

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Nickname: \_\_\_\_\_  
(mm/dd/yyyy)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_

Address (if different): \_\_\_\_\_ Address (if different): \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Occupation: \_\_\_\_\_ Occupation: \_\_\_\_\_

(H) \_\_\_\_\_ (H) \_\_\_\_\_

Phone: (W) \_\_\_\_\_ Phone: (W) \_\_\_\_\_

(C) \_\_\_\_\_ (C) \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

(Email addresses are to receive the school newsletter, snow closing information, occasional notices, and invoices)

**Please be sure your email address is legible so we can contact you**

Name of Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

**Name, Relationship and Phone of persons authorized to pick up your child:**

\_\_\_\_\_  
\_\_\_\_\_

**Persons to be notified in case of emergency, when parent/guardian isn't available:**

Name/ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name/ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**Illnesses, accidents, and surgery child has had** (please include childhood diseases and please *specify allergies*) \_\_\_\_\_

\_\_\_\_\_

**A Worker Owned Cooperative**

257 Lafayette Ave. Buffalo NY 14213 716.331.3092

[www.therosegarden.us](http://www.therosegarden.us)

[hello@therosegarden.us](mailto:hello@therosegarden.us)



**Please list all children in the family, including the child being enrolled:**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ School/occupation \_\_\_\_\_

Has your child had previous child care experiences? \_\_\_\_\_ If yes, where? \_\_\_\_\_  
(Use the back if necessary)

Does your child have any physical handicaps? \_\_\_\_\_ If yes, describe: \_\_\_\_\_  
(Use the back if necessary)

Is there something you would like us to know about your child? \_\_\_\_\_  
(Use the back if necessary)

**Please write the story of your child's developmental history on another sheet** including birth circumstances, how they were fed as a baby, how they sleep, when they walked, talked, etc. Include everything you would like us to know about your child.

**I give my permission for:** (please initial below)

My child to **participate in all planned activities** including outdoor play; I will be responsible for providing appropriate clothing \_\_\_\_\_

To **have my child's photo taken** for publicity purposes \_\_\_\_\_

My child to **drink whole milk** or water while at The Rose Garden, or I will provide daily a healthy alternative \_\_\_\_\_ (Children with dairy allergies DO NOT drink milk. Parents may send an alternate beverage daily.)

My child to **nap at The Rose Garden** in accordance with the regulations of the State of New York on a cot in a darkened room with teachers present at all times. **All children will rest quietly while the sleepers fall asleep.** Any child who has outgrown a daily nap will be given a selection of quiet play things, i.e. books, puzzles, cars, or other toys to play quietly during this time. I will wash my child's cot linens weekly \_\_\_\_\_

**My child to play with the other children in mixed age groups in The Rose Garden outdoor play yard.** The play yard is 6,500 square feet. If every child attending the Center on any given day were to be outside at the same time, there would be more than 125 square feet per child. Though the maximum group size may be exceeded during outdoor play, the vast area of the yard provides greater than the regulated 35 square feet per child, and allows for plenty of free movement without crowding. Regulated child/staff ratios will be maintained at all times indoors and outdoors. **I understand that the teachers will supervise all of the children in the yard, either by class group or by area of the yard where children are playing** \_\_\_\_\_

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**Medical Consent:** I give my consent for emergency medical treatment or care.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**I would like my child to attend beginning in (month/year):** \_\_\_\_\_

Days of the week: (we offer 2, 3, or 5 days per week) \_\_\_\_\_

**I have read the Tuition Schedule, and understand that tuition is due on or before the 1st of the month.**

I agree to pay in advance: Monthly \_\_\_\_\_ Bi-weekly \_\_\_\_\_ Other \_\_\_\_\_  
(Please describe)

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(Except in cases of sole custody, both parents' signatures are required)

**Late pick up fee is \$25.00. After 5:30 pick-ups will be charged \$50.00. The Rose Garden requires at least 30 days' notice to change, cancel, or end this contract. The Center will be closed for the two weeks before Labor Day and between Christmas and New Years Day, as well as national holidays.**

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## Tuition Schedule

Hours offered: Full Days 8:00am – 4:30pm; Early drop-off 7:45am; **Tuition is paid monthly**

**Please arrive at the Center by 9:00am**

<b>Dandelion and Sunflower Rooms (18 months – 36 months)</b>	<b>Sweet Pea and Rosebud Rooms (3-year-olds – 5-year-olds)</b>
<ul style="list-style-type: none"><li>• Five Full Days: \$1,500.00</li><li>• Three Full Days: \$900.00</li><li>• Two Full Days: \$600.00</li></ul>	<ul style="list-style-type: none"><li>• Five Full Days: \$1,500.00</li><li>• Three Full Days: \$900.00</li><li>• Two Full Days: \$600.00</li></ul>

**Tuition is based on an annual amount divided by 12 months for simplicity and consistency. Monthly tuition remains the same regardless of whether the month has 4 weeks or 5 weeks, holidays or not.**

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