



The Rose Garden

Parent-Toddler Program Application

The program meets weekly from 9:00 a.m. until 11:00 a.m.

Choose one Fall session:

Thursdays beginning October 6th through December 15th _____

Fridays beginning October 7th through December 16th _____

And/or one Spring session:

Thursdays beginning March 1st through May 10th _____

This session will NOT meet Thurs April 5 (pre spring break), even though the Center is open

Fridays beginning March 2nd through May 11th _____

Cost; \$200 per session.

Please provide the following information:

Parents Names: _____

Child's Full Name: _____

Child's Date of Birth: _____

Any allergies or special needs: _____

Home Address: _____

Telephone numbers: (H) _____ (W) _____ (C) _____

Email address _____

Reason for participating in the program: _____

How did you hear about the program: _____

Emergency Contact: _____

257 Lafayette Ave. Buffalo NY 14213 716.816.0078

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