



The Rose Garden

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) _____
Phone: (W) _____
(C) _____

(H) _____
Phone: (W) _____
(C) _____

E-mail: _____

E-mail: _____

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

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*) _____

257 Lafayette Ave. Buffalo NY 14213

716.816.0078

www.therosegarden.us

hello@therosegarden.us



The Rose Garden

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 alternate beverage _____
(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** _____
(For half day children, please initial so your child can stay full day should the need arise.)

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** _____

Medical Consent

I give my consent for emergency medical treatment or care.

Parent Signature: _____ Date: _____



I would like my child to attend beginning in (month/year): _____

Days of the week: _____ Half Day or Full Day; Extended Day (space permitting)
(please circle)

I have read the Tuition Schedule, and understand that the fee 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)

An additional charge will be assessed for each occurrence of pick-up later than the agreed upon hour.
The Rose Garden requires at least 30 days' notice to change, cancel, or end this contract.

The Center will be closed for two weeks in August and between Christmas and New Year, as well as national holidays.

Tuition Schedule

Hours of child care offered: 8:00am –4:30pm; Early drop-off 7:45am; Extended Day 4:30-5:30pm
Extended Day (until 5:30 pm) is available for 3 and 5 day enrollments on a space available basis

Full Days (8:00am – 4:30pm) Tuition is monthly

Dandelion and Sunflower Room (18 months – 36 months)

Five Full days: \$1136.00	Extended Day (4:30-5:30pm): \$140.00 additional
Three Full days: \$739.00	Extended Day (4:30-5:30pm): \$84.00 additional
Two Full days: \$513.00	Extended Day: Not Available

Sweet Pea and Rose Bud Rooms (3's, 4's, 5's and 5's turning 6)

Five Full Days: \$999.00	Extended Day (4:30-5:30pm): \$140.00 additional
Three Full Days: \$647.00	Extended Day (4:30-5:30pm): \$84.00 additional
Two Full Days: \$449.00	Extended Day: Not Available

Half Days are Mornings only (8:00am–noon) Tuition is monthly

Dandelion and Sunflower Room (18 months – 36 months)

Five Half Days: \$852.00
Three Half Days: \$556.00

Sweet Pea and Rose Bud Rooms (3's, 4's, 5's, and 5's turning 6)

Five Half Days: \$750.00
Three Half Days: \$485.00

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, holidays or not.

Late pick up fee is \$25.00. After 5:30 pick-ups will be charged \$50.00.

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