

**The Floyd Bennett Gardens Association Inc.**  
**PO Box 340986 Ryder Retail Station, Brooklyn NY 11234**

Carl Arendt, President • Ekaterina Kashkin, Vice-President  
Lynn Halligan, Recording Secretary • Judy Tropeano, Treasurer • Adriann Musson, Corresponding Secretary

**Children's Garden Membership Application**  
Please Print all requested information clearly

Parent/Guardian Name			Plot#
Address	City	State	Zip Code
Name of Child	Age	Grade	
Tel.: Home	Cell		
e-mail	Childs School:		

**Emergency Contact Information**

Name: \_\_\_\_\_ Tel. \_\_\_\_\_

Relation to Child \_\_\_\_\_

**Please indicate any special needs and/or allergy information**

**Parent/Guardian Child Agreement**

I give my child permission to participate in the FBGA Children's Garden Program. I agree to be present at the time my child attends and participates in the workshops.

Print Name of Parent or Guardian \_\_\_\_\_ Signature \_\_\_\_\_

I am willing to attend and participate in the garden programs in the Children's Garden. I will cooperate with my instructor and fellow gardeners. I will be respectful and kind to my fellow gardeners, and all the critters that may live in the garden and soil. I will follow all rules while I participate in the garden.

Signature of Child \_\_\_\_\_ Date \_\_\_\_\_