

Pick-up Information

Password _____

Please choose a password for your account. Passwords are used to help staff identify you or another authorized person at pick-up as well as over the phone.

Please list additional people authorized to pick up your child(ren).

Emergency Contact Information

Name	Phone #'s	Relationship
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Name	Phone #'s	Relationship
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Name	Phone #'s	Relationship
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I agree that all information on this form is correct and current. If any of the aforementioned children become ill or involved in an accident and I, or any of the emergency contacts, cannot be contacted, I authorize any necessary transportation to a hospital and treatment by a physician. I accept responsibility for any necessary expense incurred in the medical treatment of my child. I also agree to pay any and all charges incurred in association with my Lil' Griz Cub House account. I understand that in the event of default, my account may be placed with a third party agency for collection. Should this occur, I will be responsible for any collection fees, attorney fees, court costs and any other expenses necessary to recover the past due funds.

Signature

Date



Stephen's Center Suite 116

Missoula, MT 59801 (406) 549-

Customer Information

_____ Date

_____ Parent/Caregiver Last Name

_____ First Name

_____ Parent/Caregiver Last Name

_____ First Name

_____ Mailing Address

_____ City

_____ State

_____ Zip

_____ Home Phone

_____ Work Phone

_____ Cell Phone

Child Information

Name

Birthday

Allergies/Medical Condition

Name

Birthday

Allergies/Medical Condition

Name

Birthday

Allergies/Medical Condition

Name

Birthday

Allergies/Medical Condition

Family Physician

Insurance