

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

(We will always call the parent/caregiver(s) listed first, please provide additional contacts in case of emergency)

Name	Phone #'s	Relationship to Child
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Name	Phone #'s	Relationship to Child
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Name	Phone #'s	Relationship to Child
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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) 549-4848

Customer Information			
PLEASE PRINT CLEARLY			

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	