



Lil' Griz Preschool

School Year 2019/2020



2100 Stephens Suite 116 Missoula, MT 59801
(406) 549-4848 lilgrizpreschool@gmail.com

Child's Name: _____

Age: _____ Birthdate: ____/____/____

Lil' Griz Preschool operates: **Monday through Thursday** and is for children **ages 3-5** ☺

- I am enrolling my child in the **All-Day Program 8:30 am - 3:15 pm**
- I am enrolling my child in the **Morning Program 8:30 am - 11:30 am**
- I am enrolling my child in the **Afternoon Program 12:15 pm - 3:15 pm**
- Other: _____

By initialing below, I understand and agree that:

_____ **A one-time \$25 deposit is due at time of registration to ensure your child's spot.**
Deposits are non-refundable and will be used towards the purchase of school supplies for the classroom.

_____ **Monthly payments of \$240 for half day and \$480 for full day are due by the end of each month.**

_____ **A 30-day written notice is required to un-enroll my child from preschool, I understand that I will be responsible for tuition for those 30 days.**

Parent/guardian signature: _____ Date: _____

Parent/Guardian Information



Mother's Name		Phone
Address	Zip	Cell
Place of employment		Work phone
Home E-mail address:		

Father's Name		Phone
Address	Zip	Cell
Place of employment		Work phone

Emergency Contacts

Name	Relationship	Daytime Phone
Name	Relationship	Daytime Phone
Name	Relationship	Daytime Phone

Doctor preferred	Hospital preferred
Insurance Co.	Policy No.
Allergies:	Other medical concerns:

GETTING TO KNOW YOU!



General information:

Siblings and ages: _____

What Holidays does your family celebrate?

Has your child attended preschool? _____ If so, where _____

What are some of your child's strengths?

What are some of your child's weaknesses?

Please let us know of any unique family situations, medical conditions, or any other information that we should be aware of?

Lil Griz Preschool Permissions and Consent Form



Parental Consent form for: _____
(Childs Full Name)

Photography Consent

Lil' Griz preschool occasionally takes photographs or video during normal day-to-day activities, special events, or field trips. Throughout the year these images may be used for promotional materials, Lil Griz Website, and Lil Griz Facebook page. If you prefer that your child not be photographed or that images of your child not be used for the said purposes; please indicate this below. It is our policy to not use images of children for which we do not have parental consent.

_____ I grant permission

_____ I refuse permission

(Parent/Guardian Signature)

Date

Transportation and Field Trip Permission

Due to the nature of our program and in the best interest of the child, Lil' Griz preschool hopes to explore our wonderful community of Missoula and learn more about the city in which we live. To do this, we will participate in several offsite field trips. Transportation for these field trips will be provided by a Lil' Griz employee, volunteer parent or guardian of another Lil' Griz student, or by city bus and will always be adequately staffed. Notification prior to field trips will be provided.

Yes / No My child/dependent has my permission to ride with any adult acting as a chaperone or driver for an event.

Yes / No My child/dependent has my permission to participate in field trips to locations that are within walking distance to the school, which we will walk to, including but not limited to our daily trip to Lions park and other outdoor areas for outdoor time.

(Parent/Guardian Signature)

Date

Liability Waiver

I agree that all the information on this form is correct. If the aforementioned child becomes ill or is in an accident and I, or any of my emergency contacts cannot be contacted, I authorize any necessary transportation to a hospital and treatment by a physician. I understand that there is inherent risk in participating in activities including but not limited to sports, riding private and/or public transportation, and visiting other establishments. By signing this I agree not to hold Lil' Griz or any of its employees or chaperones, responsible or liable should injury or death occur.

(Parent/Guardian Signature)

Date

**** This form will remain in effect until rescinded in writing by a parent or guardian.**