

Welcome to Lil Griz Cub House!

We are so excited to have you here! In order to use our drop-in facility, you **MUST** fill out the following form. Be sure to fill out front **AND** back, along with emergency contacts and a signature on the back.

We are run by the Health Department, so we are required to have **UP TO DATE** immunizations for all children who are/will attend Lil Griz **BEFORE** they can come! Children are required to be up to date by 2 years of age which means they will have: 4 DTAP, 3 Polio, 1 HIB after 1st birthday, 1 MMR, and 1 Varicella.

Some important things to know about Lil Griz:

With so many severe nut allergies, we are a completely nut free facility. This includes no peanuts, almonds, or any kind of tree nuts. This is to help keep all our kids safe and healthy!

Rates: We charge \$4.75 an hour for children in diapers/pull-ups, and \$4.50 an hour for children who are potty trained. We break down each hour by every 6 minutes, so you aren't paying for unnecessary time. We serve meals at an additional cost, (\$2.50 for breakfast and \$3.75 for lunch/dinner). To help keep costs down we welcome parents to bring in their own food, as long as it is nut free.

Ways to Save: Childcare can be expensive, so we try to help save where we can! If your child/ren are here for **MORE** than 7 hours you will receive 10% off your total bill for the day. The other option is to prepay at drop off. If you choose to prepay \$50 or **MORE** on your account, you will receive a 10% credit to your account. This is basically a free hour!

Payment Procedure: Payment is expected at the end of every stay, unless prior arrangements have been made with a manager. If you leave without payment, you are expected to pay before you drop off the next time.

Illness Exclusion: In order to help keep all kids healthy, the Health Department has set guidelines that we **MUST** follow. We are required to send a child **HOME** if they: have a fever over 100.4, vomit at all, diarrhea, or coughing that causes vomiting or distress to the child. Children **MAY NOT** return until they have been illness and symptom free without medication for 24 hours.

Hours: Monday-Thursday: 7AM-10PM Friday: 7AM- 11PM Saturday: 8AM-11PM Sunday: 8AM-10PM

Contact Info: Phone/Fax Number: 406-549-4848

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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 receiving information 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 |
|------|-----------|-----------------------|
|------|-----------|-----------------------|

| | | |
|------|-----------|-----------------------|
| Name | Phone #'s | Relationship to Child |
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| Name | Phone #'s | Relationship to Child |
|------|-----------|-----------------------|

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

_____ Account Holder (Last Name, First Name)

_____ Parent/Caregiver First Name

_____ Last Name

_____ Parent/Caregiver First Name

_____ Last Name

_____ Mailing Address _____ City _____ State _____ Zip

_____ Personal Email Address _____ Parent/Caregiver Cell Phone _____ Parent/Caregiver Cell Phone

_____ Place of Employment _____ Parent/Caregiver Work Phone _____ Parent/Caregiver Work 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 _____