

Welcome to Lil' Griz Cub House

Some important things you should know

Nut free Facility: 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 \$6.50 an hour for children in diapers/pullups, and \$6.25 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, (\$3.25 for breakfast and \$4.25 for lunch and dinner). To help keep costs down we welcome parents to bring their own food, so long as it is nut free.

Payments: Payment is expected at the end of every stay unless prior arrangements have been made in writing with a manager. We have an established \$250.00 account cap. Once your account reaches this amount you must make a payment before your next visit or sign a payment arrangement.

Card on File: We required a credit/debit card to be save on file for all customers.

Overdue Accounts: If an account has not been paid within 30 days of services rendered, we will charge the card on file. Based on the amount that is due we will charge 25% of the amount due or \$50.00, whichever balance is greater. If the card on file is declined the account will be suspended until a payment and or a payment arrangement is made. If no payment or payment arrangements is made the account will be immediately forwarded to collections.

Late Pick Up: If you are late picking up your child after normal business hours a late fee of \$20.00 will be applied to your account and you will be charge \$1.67 per minute thereafter. If you call before closing and inform us that you will be late, the \$20.00 late fee will not be applied.

Illness Exclusion: 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 7:00am to 10:00pm **Contact Info:** Phone/Fax 406-549-4848

Friday 7:00am to 11:00pm

Saturday 8:00am to 11:00pm

Sunday 8:00am to 10:00pm



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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

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
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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

Lil' Griz Cubhouse Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

Credit Card Information	
Card Type:	<input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Other _____
Cardholder Name (as shown on card):	_____
Card Number:	_____
Expiration Date (mm/yy):	_____
Cardholder ZIP Code (from credit card billing address):	_____

I, _____, authorize **4theFuture Inc. dba Lil' griz cub house** to charge my credit card above for agreed upon purchases after no payment has been made within 30 days from the date of service. I understand that 25% of the owed balance or \$50.00 dollars, whichever is greater, will be charged if no payment has been made within 30 days since Initial service. In the event the balance is under \$50 that the entire balance will be charged. I also understand that no monthly charge will occur so long as a payment is made within 30 days of service rendered. I understand that my information will be saved to file for future transactions on my account.

Customer Signature

Date