

LIL` GRIZ CUBHOUSE PRESCHOOL

School Year of 2022/2023



2100 Stephens Ave Suite 116 Missoula 59801
(406)549-4848 lilgrizschool@gmail.com

Child`s Name: _____

Age: _____ Birthdate: ____/____/____

Lil` Griz Cubhouse Preschool operates **Monday-Friday for children 2-5** 😊

- I am enrolling my child in the morning class 8:30 am – 11:30 am
- I am enrolling my child in the afternoon class 12:15 pm - 3:15 pm

By initialing below, I understand and agree that:

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

_____ Monthly payments of **\$275** for morning half day will by the 1st of every month unless a payment arrangement is in place. A late fee of **\$30** will be applied if payment is not made by the 5th of every month. If tuition is two weeks overdue, I forfeit my child`s place in class.

_____ Monthly payments of **\$275** afternoon half day will by the 1st of every month unless a payment arrangement is in place. A late fee of **\$30** will be applied if payment is not made by the 5th of every month. If tuition is two weeks overdue, I forfeit my child`s place in class.

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

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Information



Mother's Name: _____ Phone: _____

Email: _____ Cell: _____

Address: _____

City: _____ State: _____ Zip code: _____

Place of Employment: _____ Work Phone: _____

Mother's Name: _____ Phone: _____

Email: _____ Cell: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Place of Employment: _____ Work Phone: _____

Emergency Contacts

Name: _____ Phone: _____

Relationship to child: _____

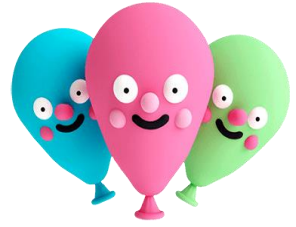
Name: _____ Phone: _____

Relationship to child: _____

Name: _____ Phone: _____

Relationship to child: _____

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 family situations, medical conditions, or any other information that we should be aware of?

Lil` Griz Preschool Permission and Consent Form

Parental Consent form for: _____

(Child`s Full Name)

Photography Consent

Lil Griz preschool occasionally takes photos or videos 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 Facebook page. If you prefer that your child not be photographed or that images of your child not be used for such 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 your child, Lil` Griz preschool hopes to explore the community of Missoula and learn more about the city in which we live. To do this, we will participate in several offsite fieldtrips. Transportation for these field trips will be provided by a Lil` Griz employee, volunteer, parent/guardian of another Lil` Griz student, or by the city bus. We will always be adequately staffed for these trips. Notification prior to the trip will be provided.

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

Yes/ No My Child/dependent has my permission to participate in field trips to locations that are within walking distance of the school, including but not limited to our daily trips to Lions Park.

(parent/guardian signature)

Date

Liability waiver

I agree that all the information on tis form is correct. If the child on this form becomes ill or is in an accident and I, or any of my emergency contacts cannot be contacted, I authorize any necessary transportation.

(parent/guardian signature)

Date

Lil' Griz Cub House Credit Card Authorization Form

Please complete all fields. You may change 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 my card will be charged for the full amount owed if no payment has been made within 30 days since Initial service. I understand that if my card is declined for the full amount owed, 25% of the owed balance or \$50 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 as 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: _____