



The Creative Arts Preschool Inc.  
2304 North 7<sup>th</sup> Ave Ste C-3  
Bozeman, MT 59715  
406-587-7192

[www.mainstreetdancetheatre.com](http://www.mainstreetdancetheatre.com)

**PRESCHOOL CONTRACT**

1.) Requested Days (please circle) M T W TH F

Date Preschool to begin: \_\_\_\_\_

2.) Program (please circle): Standard 9-12 Extended 8:30-1

3.) Yearly Tuition, Registration & Monthly Rate \_\_\_\_\_ / \_\_\_\_\_  
(Payments are due monthly or bimonthly on the 1<sup>st</sup> or the 15<sup>th</sup>)

4.) Yearly Materials Fee \_\_\_\_\_

5.) Summer Session Tuition Rate (circle one or both)  
June and/ or July & Registration \_\_\_\_\_

6.) Summer Materials Fee \_\_\_\_\_

**(Fees are Non- REFUNDABLE. Please refer to the  
HANDBOOK FOR MORE INFORMATION.)**

Child Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Special Needs/Restrictions: \_\_\_\_\_

Child lives with: \_\_\_\_\_

**#1.) Parent or Guardian:** \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

**#2.) Parent or Guardian:** \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

\*\*\*\*\*Social Security numbers are required for use in a medical emergency when a parent cannot be reached. Driver's License numbers are requested in the event of a NSF check payment\*\*\*\*\*

#1.) Other persons authorized for child pick up and drop off (must present a photo ID): \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

#2.) Other persons authorized for child pick up and drop off (must present a photo ID): \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

#3.) Other persons authorized for child pick up and drop off (must present a photo ID): \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

**Continued on next page.....**

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

**The Staff at the Creative Arts Preschool Inc is very interested in your child and would like to get to know your child better. Please help us by answering the questions below, so that we can better meet the needs of your child. We feel it helps to gain their trust, builds confidence and learning becomes fun and enjoyable.**

Please tell us something special about your child.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there anything you can tell me that will help with your child's development while here at our preschool?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is your child toilet trained? If not please read through the section in our handbook, which states the terms under which we will accommodate toilet training.

\_\_\_\_\_

### **Medical Information**

Child's Full Name: \_\_\_\_\_

Emergency Contact Information: \_\_\_\_\_

Physician: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

Medical Insurance Plan: \_\_\_\_\_

Group ID #: \_\_\_\_\_

### Health History

Does your child have allergies? If yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please check any of the below items that your child has experienced in the past:

Anemia \_\_\_\_\_ Asthma \_\_\_\_\_ Chicken Pox \_\_\_\_\_  
Mumps \_\_\_\_\_ Rubella \_\_\_\_\_ Measles \_\_\_\_\_ Ear problems \_\_\_\_\_  
Eczema \_\_\_\_\_ Seizures \_\_\_\_\_ Tonsillitis \_\_\_\_\_ Pneumonia \_\_\_\_\_  
Surgery \_\_\_\_\_ Hospitalization \_\_\_\_\_ reaction or other \_\_\_\_\_

Please explain any of the checked items: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has your child ever been diagnosed or shown signs of any of the following that may be of concern?

Behavior issues \_\_\_\_\_ speech or hearing \_\_\_\_\_ vision impairment \_\_\_\_\_  
Coordination \_\_\_\_\_ sleeping eating \_\_\_\_\_  
ADHD/ADD \_\_\_\_\_ learning disabilities \_\_\_\_\_ other \_\_\_\_\_

Please explain any of the checked items: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is your child currently seeing a specialist (therapist, counselor, speech therapist, OT, PT etc?) Please list their names and contact information.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Media Release

I \_\_\_\_\_ the undersigned parent hereby consent to the use of my child's \_\_\_\_\_ photograph and/or likeness for the commercial, entertainment, and any other such purposes utilized by, or uses licensed by The Creative Arts Preschool Inc., Bozeman Ballet Ltd. DBA Main Street Dance Theatre for any use, sales, or promotional reasons, thus waiving The Creative Arts Preschool Inc., Bozeman Ballet Ltd., or any said buyer from any liability or claims whatsoever for said use(s).

## Medical and General Release

By signing on the below line I \_\_\_\_\_ as the parent or guardian of \_\_\_\_\_ the student, agree that I have been informed of and have read and agree to the Parent Handbook for The Creative Arts Preschool Inc. which has been provided for me and is also posted on [www.mainstreetdance theatre.com](http://www.mainstreetdance theatre.com) and within the preschool/ dance studio facility in its' entirety and agree to adhere to the above stated guidelines of The Creative Arts Preschool Inc., Bozeman Ballet Ltd. DBA Montana Ballet School or Main Street Dance Theatre. I understand that participation in dance classes and various other forms of rigorous activity (excluding any and all forms of gymnastics or tumbling) with The Creative Arts Preschool Inc. and Bozeman Ballet Ltd. DBA Montana Ballet School or Main Street Dance Theatre, is at my and my child's own risk and that neither The Creative Arts Preschool Inc. nor Bozeman Ballet Ltd. is responsible for any expulsion from the program, injury or illness that may occur. On behalf of myself and my child I accept these risks and waive and forever discharge The Creative Arts Preschool Inc. and Bozeman Ballet Ltd. and its employees, officers, agents, independent contractors and successors and assigns from any and all causes of action or claims. Nothing herein shall be construed as a release of any cause of action for fraud, willful injury, or willful or negligent violation of the law. In case of emergency if neither parent can be reached, I give my permission for my child to be treated at the nearest medical facility. I also realize that is my responsibility to update and inform The Creative Arts Preschool Inc of any changes to my contact, medical or other such pertinent information. I also agree to never pick up my child(ren) under the influence or to be suspected of being under the influence of drugs or alcohol. I also understand that The Creative Arts Preschool Inc. and Bozeman Ballet Ltd. DBA Montana Ballet School or Main Street Dance Theatre are bound by law report any suspected child abuse and neglect.

**Print Parent/S Name:** \_\_\_\_\_

**Sign:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Child's Name:** \_\_\_\_\_

**Print 2<sup>nd</sup> Child's Name:** \_\_\_\_\_