



Nature's Way

Early Learning

Located: 2714 15th Ave South
Great Falls, MT 59405

Email: rmallo@natureswayearlylearning.com

Phone: (406) 590-5207



Enrollment & Registration Form

Registration Fee: \$75.00 Per Child, \$100.00 Per Family

Child Information

Child Name: _____

Child DOB: _____
(Or Expected Due Date)

Child Address: _____

Requested Schedule: M T W TH F

Special Schedule Requests: _____

Requested Start Date: _____

Start dates are not guaranteed until confirmed by center leadership

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(Or Expected Due Date)

Child Address: _____

Requested Schedule: M T W TH F

Special Schedule Request: _____

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Parent Information

Name: _____ Phone: _____

Email: _____ Primary Contact/Payer: Yes No

Address (if different from child): _____ Unit: _____

City: _____ State: _____ Zip: _____

Name: _____ Phone: _____

Email: _____ Primary Contact/Payer: Yes No

Address (if different from child): _____ Unit: _____

City: _____ State: _____ Zip: _____

Parent Signature: _____ Date: _____

Office Use:

- | | | |
|--|--|---------------|
| <input type="checkbox"/> Registration Fee Received | <input type="checkbox"/> Intake Scheduled (1-2 weeks prior to start) | Notes: |
| <input type="checkbox"/> Confirmed Start Date: _____ | <input type="checkbox"/> Enrollment Paperwork Received | |
| <input type="checkbox"/> Entered in Tadpoles/Enrollment Tracking | <input type="checkbox"/> Immunizations Received | |
| <input type="checkbox"/> Paperwork Emailed/Picked Up | <input type="checkbox"/> Pediatric Health/Infant Feeding Schedule Received | |