



# Nature's Way

## Early Learning

**Located:** 2714 15<sup>th</sup> Ave South  
Great Falls, MT 59405

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**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\**

### Child Information

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

Child DOB: \_\_\_\_\_  
(Or Expected Due Date)

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

Requested Schedule: M T W TH F

Special Schedule Request: \_\_\_\_\_

Requested Start Date: \_\_\_\_\_

*\*Start dates are not guaranteed until confirmed by center leadership\**

### Parent Information

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

Email: \_\_\_\_\_ Primary Contact/Payer:  Yes  No

Address (if different from child): \_\_\_\_\_ Unit: \_\_\_\_\_

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

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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)       | <b>Notes:</b> |
| <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 |               |