



# Nature's Way

## Early Learning

**Located:** 2714 15<sup>th</sup> Ave South

Great Falls, MT 59405

**Hours:** M-F 6:30 a.m. to 6:00 p.m.

**Email:** rmallo@natureswayearlylearning.com

**Phone:** (406) 205-2008



## 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 Request:** \_\_\_\_\_

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

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

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

**Requested Schedule:** M T W TH F

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

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

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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)       |
| <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 |

**Notes:**