



Pre-registration Form

Student's Name: _____

Date of Birth: _____ / _____ / _____

Preferred Start Date: _____

Location:

Helena	Montana City	Boulder
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REQUESTED SCHEDULE

	Mon	Tues	Wed	Thurs	Fri
FULL DAY					
HALF DAY AM					
HALF DAY PM					
AFTER SCHOOL					

Parent/Guardian Name: _____

Phone Number: _____

Email: _____

Return form to naturestorymontessori@gmail.com