

# Valley of the Flowers School

115 East Dickerson Street, Bozeman, MT 59715

phone (406) 624-6588

[www.valleyoftheflowersschool.com](http://www.valleyoftheflowersschool.com)/info@valleyoftheflowersschool.com

## NEW STUDENT APPLICATION 2024/2025

To submit your application electronically please email it to the address above and pay the \$100 application fee using the Zeffy link on our website. To submit a hard copy of your application please mail it to the address above with a check for the \$100 application fee written to Valley of the Flowers School.

Child's name: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_

*All age groups (3-6 year olds)(Must be 3 by September 1, 2024 & potty trained)*

*Please Circle*

- 2 Half Day Program ..... M T W TH F
- 3 Half Day Program ..... M T W TH F
- 4 Half Day Program ..... M T W TH F
- 5 Half Day Program ..... M T W TH F
- 2 Full Day Program ..... M T W TH F
- 3 Full Day Program ..... M T W TH F
- 4 Full Day Program ..... M T W TH F
- 5 Full Day Program ..... M T W TH F

The school opens Monday-Friday at 8:30 a.m. Children can be dropped off between 8:30-9 a.m. The school day begins with outside play. Organic Lunch is provided Monday-Friday. Half-day children may be picked up between 12:15-12:30 p.m. Full day students may be picked up between 2:00 & 2:30 p.m.

### **Household Information**

#### **Parent/Guardian #1**

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

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

Primary Phone: \_\_\_\_\_ Alt Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Parent/Guardian #2**

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

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

Primary Phone: \_\_\_\_\_ Alt Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Sibling names and ages: \_\_\_\_\_

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

**Parent Co-Op**

If you are interested in a parent co-op or helping out at the school please indicate so here.

\_\_\_\_ Once a week

\_\_\_\_ Once a month

**Health History**

Does your child have any problems with:

\_\_\_\_ Eyes \_\_\_\_ Frequent Colds \_\_\_\_ Teeth

\_\_\_\_ Hearing \_\_\_\_ Earaches \_\_\_\_ High Fevers

\_\_\_\_ Respiratory \_\_\_\_ Speech \_\_\_\_ Headaches

\_\_\_\_ Nosebleeds \_\_\_\_ Digestion

\_\_\_\_ Balance/Coordination

If yes to any of the previous, please explain:

Please briefly describe your child's health history. Please include any childhood illnesses, ear infections, high fevers, injuries, surgery, hospitalization or other health issues.

Results and approximate dates of last:

Medical checkup: \_\_\_\_\_

Dental checkup: \_\_\_\_\_

Hearing checkup: \_\_\_\_\_

Vision checkup: \_\_\_\_\_

**Upon enrollment to Valley of the Flowers School you will need to provide copies of vaccination history or medical or religious exemptions.**

Are there any identified learning difficulties or behavioral concerns?

Describe any physical conditions we may need to be aware of (vision, hearing, speech,

movement, etc.):

Does your child jump rope? \_\_\_\_\_ Ride a bike? \_\_\_\_\_ Swim? \_\_\_\_\_

Is there anything that might require special attention at school? If so, please explain:

**Please specify special health conditions or allergies:**

Is the above condition life-threatening? Yes No

Regular Medications:

Will your child require medication administration at school? Yes No Explain:

**Early History**

Please describe your child's earliest years beginning with pregnancy and birth. It is helpful for us to learn about your child's movement and speech development, as well. (Use the back of this page for more space...)

Age began: Crawling? \_\_\_\_\_ Sitting? \_\_\_\_\_ Walking? \_\_\_\_\_ Speaking? \_\_\_\_\_

Does your child nap? Yes \_\_\_ No \_\_\_

Nap Routines/times \_\_\_\_\_

Child's Bedtime? \_\_\_\_\_

Time Child awakens in morning? \_\_\_\_\_

How often does your child awaken at night? \_\_\_\_\_

Does your child sleep alone in his/her own bed? \_\_\_\_\_

Describe how child awakens in the morning (dreamy, cheery, crabby, etc.):

Describe child's physical characteristics and disposition:

**Home and Family Rhythm**

Describe a typical day for your child.

Please note any challenges or developmental conditions for which your child has received special attention.

Has your child in the past or is s/he presently receiving therapeutic treatment or remedial support for this condition?

Describe any habits (pacifier, thumb sucking, nail biting, hair twisting, etc.):

Describe any special needs or fears:

Favorite foods: \_\_\_\_\_

Least favorite foods: \_\_\_\_\_

List activities your child likes to engage in:

How does your child interact with other children?

Describe typical play activities:

Is your child involved in any formal activities outside of the home (e.g. lessons, classes, sports, etc.)?

Do you have a family pet(s)?

Describe daily chores:

What festivals or holidays are celebrated by your family?

What are your goals for your child's education?

Please give us information about your child that will be helpful to teachers. For example, special interests or abilities, physical characteristics, strengths, & weaknesses.

### **Previous School History**

List any school(s) or programs your child has previously attended. Please include names of teachers and phone numbers.

How did you hear about Valley of the Flowers School, formerly World Family School?

### **OBLIGATIONS OF ENROLLED FAMILIES**

Parents of the applicant should be in agreement with and supportive of the School's philosophy and should be willing to attend parent/teacher conferences, parent evenings, and adult education offerings in order to deepen their understanding of Steiner based Waldorf education. Parents must be willing to support the teachers' work as well as a healthy integration between home and school life by being attentive to the following areas at home: a regular and rhythmic schedule, adequate sleep and nutrition, and limited exposure to electronic media. In addition, the School depends upon the families who are enrolled to volunteer their collective talents to maintain and enhance the health and stability of the school. To that end we require 12 hours of volunteer time per family per year. It is hoped that all parents will attend an orientation meeting in order to familiarize themselves with the many regular and occasional volunteer tasks needed throughout the school year.

### **MEDIA**

Exposure to videos and other electronic media may inhibit a child's innate capacity to form his or her own "inner pictures," an ability crucial for creative thinking and problem solving. In addition, limiting exposure to electronic media has been shown to improve the mood of open-minded concentration and social stability in the classroom. Valley of the Flowers School therefore encourages families enrolled in the School to limit the use of electronic media at home.

### **TUITION & FEES**

A non-refundable **\$100 registration fee** must accompany all new applications in order to be considered as a prospective student. This fee does not apply to families with children currently enrolled in the school.

**Once a Year Fees:** Supply Fee \$200/year

Please see the tuition contract for the current year's tuition prices.

*\*We expect a tuition increase each school year.*

*New Students:* A one month's tuition deposit is billed at the time of registration and is due within 10 days.

The tuition deposit will be applied to the last month's tuition due for the school year registered

(May 2025). *It is not refundable after May 20th, 2024.*

Monthly bills are issued on the first school day of the month and payable upon receipt. A 10% sibling discount from tuition fees is available for each additional sibling from a family.

**COMMITMENTS**

Valley of the Flowers is a school with annual commitments for salaries and maintenance. Parents or Guardians are responsible for tuition and other fees regardless of illness or vacation trips. A **Thirty-Day Written Notice** is required before withdrawing a child from the school or the tuition is still due.

**In signing this application**, the parent or guardian agrees to the regulations and procedures of Valley of the Flowers School stated above and in the Parent Handbook.

Are there any ways in which you would like to participate in the program?

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I certify that all application information is accurate and true to the best of my knowledge.

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Notice of Nondiscriminatory Policy as to Students**

Valley of the Flowers School, admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate based on race, color national and ethnic origin, sexual orientation, or gender identification in administration of its educational policies or admissions policies.