



**Epoch: Waldorf Inspired Nature School
Bozeman, Montana**

Parent Name _____ Cell/Mobile _____

Anyone else who lives in the home _____

Email _____ Address _____

Parent Skills/Talents interested in contributing to the school? (optional)

Child(ren) Name(s) _____ Age(s) _____

Other Child _____ Age _____

Grade Fall 2022 _____ Waldorf experience? _____

Why are you interested in Waldorf education? _____

Does your child have any allergies, medical conditions, or special needs? _____

Primary doctor or naturopath? _____

Emergency Contact name/phone/email: _____

Do you give the school permission to render aid in the event of an emergency? Y/N

Would you like to be contacted about volunteer opportunities? Y/N

Would your family like to be included on travel opportunities to enhance learning? Y/N

Thank you kindly, Chelsea Vail, Director of Epoch BZN

