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Application Form

Child's Name: _____ DOB: _____
Sex: M/F

Address: _____

Date of Application: _____ Requested Date of Admission: _____

Admission Date: _____ Date of Withdrawal: _____

Hours child will be care: _____

Parent Name: _____ Phone no. _____

Email: _____

Employer: _____

Parent Name: _____ Phone no. _____

Email: _____

Employer: _____

In case of an emergency in which parents cannot be reached, please call:

1. Name: _____ phone: _____ Address: _____

Relationship to child: _____

2. Name: _____ Phone: _____ Address: _____

Relationship to child: _____

Other people that may pick up my child:

1. Name: _____ Phone : _____
2. Name: _____ Phone: _____

Does your child have any allergies? If so, please list

1. _____
2. _____
3. _____

***** Emergency Instructions*****

In the event that I cannot be reached at the time of emergency, I give Trulove Montessori LLC permission to take my child to:

1. (Doctor/Clinic/Hospital): _____ Address: _____
Phone: _____

2. DellChildren'sHospital: 3700MuellerBlvd. Phone: _____

*** Permissions- please check all that apply***

I hereby _____ give _/_____ do not give consent for my child to photographed for TM promotional materials/ field trips and events.

I hereby _____ give _/_____ do not give consent for my child to participate in water activities.

I hereby _____ give _/_____ do not give consent for my child to receive bug spray and sunscreen.

Health Requirements

All of the following must be presented when your child is admitted to school:

- Doctors Statement
- A signed and dated copy of a health care professional's statement
- Immunization waiver Copy of vaccine records

This page will be kept confidential

Fees and expenses:

1. Application fee of \$150 is due with your application. This fee is NOT refundable
2. Tuition is due on the 1st of the month
3. A materials fee of \$175 is due September 1
4. Deposit of 1/2month's tuition will reserve your child's place at TM .With six weeks written notice, the deposit will be applied to final month tuition.

x_____ Parent signature x_____ Date