Trust Primary School

Tuition

for

4 Weeks

\$650.00

\$620.00

Days to Attend

5 days arriving b/w 12:00 - 2:00 p.m.

5 days arriving b/w 2:00 - 3:00 p.m.

Name

4660 Eastus Drive, San Jose, CA 95129 (408) 725 – 9116

2024 – 2025 After-School Program Registration

Annual

Material

Fee

\$120.00

\$120.00

Chinese

Text

Book

\$70.00

\$70.00

Class

Lunch

Fee

\$5.00/meal

| Date | | |
|------|--|--|
| Date | | |

Optional Classes

Science & Tech Lab
(\$25.00 per lesson)

| | | | | | _ | | |
|-----------------------|-----------------|--------------|---------------|------------|------------|--------------|--|
| 4 Days: M T V | V Th F | \$600.00 | \$120.00 | \$70.00 | \$5.00/mea | (\$20.00 per | |
| (arriving between 12: | 00 - 2:00 p.m.) | | | | | | |
| 4 Days: M T V | V Th F | \$570.00 | \$120.00 | \$70.00 | | 7 | |
| (arriving between 2: | | | | | | | |
| | | - | <u> </u> | - | <u> </u> | • | |
| | | | | | | | |
| Student's Name | 2: | | | | | | |
| | | First | | | Last | | |
| | | | | | | | |
| Date of Birth: _ | | | | Gender: | M | \mathbf{F} | |
| | Month | Day | Year | | | | |
| Entoning Crado | | Nom | o of Sabaali | | | | |
| Entering Grade | · | _ Nam | ie of School | · | | | |
| Home Address: | | | | | | | |
| | Street | | | (Apt.#) | | | |
| | | | | | | | |
| - | | | | | | | |
| | City | | | State | | Zip code | |
| | | | | | | | |
| Names of applic | ant's siblin | ge ourrontly | anrallad in ' | Trust Man | tossovi Sa | hool / | |
| | | gs currently | em oneu III | 11 02t MOH | 1000011 30 | HUUI / | |
| Trust Primary S | 5011001; | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | Name | | | Class | | | |

EMERGENCY CONTACT INFORMATION:

Father/Guardian's

Mother/Guardian's

| ddress: (if different from the s ome Phone: Tobile Phone: Tork Phone: -mail address: | student's) |
|---|---|
| (if different from the s | etudent's) |
| ome Phone:obile Phone:ork Phone: | |
| obile Phone:ork Phone: | |
| ork Phone: | |
| ork Phone: | |
| | |
| mail address: | |
| mail address: | |
| | |
| dditional persons authorized to take child from | m site: |
| united and persons united to the contract of | |
| ame: Phon | ne #: |
| | |
| mme: Phon | ne #: |
| MERGENCY HEALTH/MEDICAL INFORM | AATION: |
| WENGENCT HEADTH/WEDICAL INFORM | iarion. |
| llergic to | |
| | |
| mergency Medications: | |
| Iedical Conditions (asthma, diabetic, etc.): | |
| iedicai Conditions (astinna, diabetic, etc.) | |
| hysicians: | Phone#: |
| | |
| entist: | Phone#: |
| C- | D-1: ID#. |
| nsurance Co | Poncy 1D#: |
| authorize Trust Primary School Afternoon Program to se | eek emergency treatment on behalf of my child |
| ctors listed above cannot be reached or to take my child i | |
| cessary. | |