

# Trust Primary School

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

## 2024 – 2025 After-School Program Registration

Date \_\_\_\_\_

□	Days to Attend	Tuition for 4 Weeks	Annual Material Fee	Chinese Text-Book	Lunch Fee	Optional Classes
	5 days arriving b/w 12:00 - 2:00 p.m.	\$650.00	\$120.00	\$70.00	\$5.00/meal	<input type="checkbox"/> Chinese Calligraphy (\$25.00 per lesson) <input type="checkbox"/> Drawing & Painting (\$25.00 per lesson) <input type="checkbox"/> Soccer (\$20.00 per lesson)
	5 days arriving b/w 2:00 - 3:00 p.m.	\$620.00	\$120.00	\$70.00	/	
	4 Days: M T W Th F (arriving between 12:00 - 2:00 p.m.)	\$600.00	\$120.00	\$70.00	\$5.00/meal	
	4 Days: M T W Th F (arriving between 2:00 - 3:00 p.m.)	\$570.00	\$120.00	\$70.00	/	

Student's Name: \_\_\_\_\_

First

Last

Date of Birth: \_\_\_\_\_ Gender: M F

Month

Day

Year

Entering Grade: \_\_\_\_\_ Name of School: \_\_\_\_\_

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

Street

(Apt.#)

City

State

Zip code

**Names of applicant's siblings currently enrolled in Trust Montessori School / Trust Primary School:**

\_\_\_\_\_

Name Class

\_\_\_\_\_

Name Class

**EMERGENCY CONTACT INFORMATION:**

**Father/Guardian's**

**Mother/Guardian's**

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

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

(if different from the student's)

Home Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

**Additional persons authorized to take child from site:**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

**EMERGENCY HEALTH/MEDICAL INFORMATION:**

Allergic to \_\_\_\_\_

Emergency Medications: \_\_\_\_\_

Medical Conditions (asthma, diabetic, etc. ): \_\_\_\_\_

Physicians: \_\_\_\_\_ Phone#: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone#: \_\_\_\_\_

Insurance Co. \_\_\_\_\_ Policy ID#: \_\_\_\_\_

*I authorize Trust Primary School Afternoon Program to seek emergency treatment on behalf of my child if the doctors listed above cannot be reached or to take my child to the nearest emergency aid station by ambulance if necessary.*

\_\_\_\_\_  
Parent's/Guardian's Signature

\_\_\_\_\_  
Date