Trust Montessori School

4660 Eastus Drive, San Jose, CA 95129 Tel.: (408) 725 – 9116; (408) 807 – 0996

www.trustmontessori.com

Registration for 2019 Summer Program

Preschool-I

Date _____

Please check the session(s) to attend:

Session 1 July 08 to 19 **Fruit & Food**	Session 2 July 22 to Aug. 2 **Sea Animals**	Session 3 Aug. 5 to 16 **Dinosaurs**	Session 4 Aug. 19 to 29 **Earth**

Full-Day: _____ **5 days** _____ **4 days** _____ **3 days**

Morning: _____ **5 days** _____ **4 days** _____ **3 days**

Days in: **Mon.** **Tue.** **Wed.** **Thurs.** **Fri.**

STUDENT INFORMATION:

Student's Name _____

First **Last**

Date of Birth _____ **Gender:** **M** **F**

Month **Day** **Year**

Place of Birth _____

City **State** **Country**

Address _____

Street **(Apt.#)**

_____

City **State** **Zip code**

FAMILY INFORMATION:

	Father	Mother
Name	_____	_____
Address	_____	_____
	(if different from the student's)	
Home Telephone Number	_____	_____
Mobile Phone Number	_____	_____
E-mail address	_____	_____

EMERGENCY CONTACT PERSON:

_____

(name and phone number)

ALLERGY INFORMATION:

Does your child have any allergies or is your child allergic to any food or fruit?

_____No _____Yes If yes, please specify:

_____

SIBLINGS CURRENTLY ENROOLED IN TRUST MONTESSORI SCHOOL:

Name	Class
_____	_____
_____	_____