

# Trust Montessori School

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

[www.trustmontessori.com](http://www.trustmontessori.com)

## Registration for 2019 Summer Program

### Preschool-II

Date \_\_\_\_\_

**Please check the session(s) to attend:**

Session 1 July 8 to 19 <b>Sea Animals</b>	Session 2 July 22 to Aug. 2 <b>Peace</b>	Session 3 Aug. 5 to 16 <b>Earth</b>	Session 4 Aug. 19 to 29 <b>Dinosaurs</b>

Full-Day:    \_\_\_\_\_ 5 days           \_\_\_\_\_ 4 days           \_\_\_\_\_ 3 days

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

#### STUDENT INFORMATION:

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

First

Last

Date of Birth \_\_\_\_\_

Month

Day

Year

Gender:   **M**

**F**

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

\_\_\_\_\_ Name \_\_\_\_\_ Class