

Trust Primary School

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

2026 Pre-registration Grade 2 - 6 Summer Program

Date _____

Please check the session(s) to attend:

6/08-6/12	6/15-6/19	6/22-6/26	7/06-7/10	7/13-7/17	7/20-7/24	7/27-7/31	8/03-8/07

Weekly Tuition & Material Fee:

Time	Tuition	Material Fee
8:30 – 6:30	\$555.00	\$30.00

Summer Program (June 08 - Aug. 07) Registration Fee: \$75.00 non-refundable

10% tuition discount for siblings with the lowest tuition rate

Daily Fee: \$150.00 for attending 3 days or less in a week

Lunch: \$5.00 per meal

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 Primary School /
Trust Montessori 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