

# Trust Primary School

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

## 2026 Pre-registration Kindergarten & G1 Summer Program

Date \_\_\_\_\_

Please check  the session(s) to attend:

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

Weekly Tuition & Material Fee:

Time	Tuition	Material Fee
8:30 – 6:30	<b>\$555.00</b>	<b>\$30.00</b>

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