

Trust Primary School

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

2019 – 2020 After-School Program Registration

Date _____

✓	Days to Attend	Tuition for 4 Weeks	Annual Material Fee	Chinese Text Book	Lunch Fee	Optional Classes (\$10.00 per lesson)
	5 days arriving b/w 12:00 - 2:00 p.m.	\$480.00	\$100.00	\$60.00	\$3.00/meal	<input type="checkbox"/> Abacus for G 1-5 (\$10.00 per lesson) <input type="checkbox"/> Chess (\$10.00 per lesson) <input type="checkbox"/> Science & Tech Lab (\$20.00 per lesson) <input type="checkbox"/> Soccer (\$10.00 per lesson)
	5 days arriving b/w 2:00 - 3:00 p.m.	\$450.00	\$100.00	\$60.00	/	
	4 Days: M T W Th F	\$400.00	\$80.00	\$60.00	\$3.00/meal	
	3 Days: M T W Th F	\$350.00	\$70.00	\$60.00	\$3.00/meal	
	2 Days: M T W Th F	\$300.00	\$60.00	\$60.00	\$3.00/meal	

Student's Name: _____

First

Last

Date of Birth: _____

Month

Day

Year

Gender: M F

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