

Trust Primary School

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

2025 – 2026 After-School Program Registration

Date _____

□	Days to Attend	Tuition for 4 Weeks	Annual Material Fee	Chinese Textbook	Lunch Fee	Optional Classes
	5 days arriving b/w 12:00 - 2:00 p.m.	\$700.00	\$150.00	\$80.00	\$5.00/meal	<input type="checkbox"/> Chinese Calligraphy (\$25.00 per lesson) <input type="checkbox"/> Drawing & Painting (\$25.00 per lesson) <input type="checkbox"/> Soccer (\$20.00 per lesson)
	5 days arriving b/w 2:00 - 3:00 p.m.	\$670.00	\$150.00	\$80.00	/	
	4 Days: M T W Th F (arriving between 12:00 - 2:00 p.m.)	\$650.00	\$150.00	\$80.00	\$5.00/meal	
	4 Days: M T W Th F (arriving between 2:00 - 3:00 p.m.)	\$620.00	\$150.00	\$80.00	/	

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 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