# Trust Primary School

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

## Registration for 2019 Summer K - G6 Program

Date

Please check $$ the session(s) to attend	Please	check \	the	session	(s)	) to	attend	l
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Session 1	Session 2	Session 3	Session 4
June 10 – 28	July 8 - 19	July 22 – Aug. 2	Aug. 5 - 9
(15 Days)	(10 Days)	(10 Days)	(5 Days)
Chinese Culture	Drama	Drama	Cooking

### **Biweekly Tuition:**

√	Time	Tuition
	7:30-6:30	\$620.00
	8:30 – 12:15	\$470.00
	8:30 – 3:00	\$570.00
	12:15 – 6:30	\$570.00
	3:00 - 6:30	\$355.00

Name

Part-time Ex	tra Hour Fee
7:30 a.m	- 8:30 a.m.
\$ 15.00	per day

Registration Fee: \$75.00, non-refundable. 10% discount for siblings in Summer K-6.

Daily Fee: \$70.00. Lunch: \$3.00 per meal.

Class

Student's Name:						
	1	First			La	st
Date of Birth:				Gender:	M	${f F}$
	Month	Day	Year			
Entering Grade:		Name	of School: _			
Home Address:						
	St	reet				(Apt.#)
	City			State		Zip code
Names of applicant <sup>3</sup>	's siblings	s currently	enrolled in	Trust Prin	nary Sc	hool /
Trust Montessori So	chool:					
Na	me			Class		<del></del> -

#### **EMERGENCY CONTACT INFORMATION:**

## Father/Guardian's

Parent's/Guardian's Signature

## Mother/Guardian's

Date

ddress:	(if different from the student's)	
ome Phone:		
Tobile Phone:		
Vork Phone:		
-mail address:		
Additional persons author	rized to take child from site:	
Name:	Phone #:	
J	DL #-	
Name:	Phone #:	
EMERGENCY HEALTH	I/MEDICAL INFORMATION:	
Allergic to		
Emergency Medications:		
Medical Conditions (asth	ma, diabetic, etc. ):	
	ma, diabetic, etc. ):Phone#:	
Physicians:		
Physicians: Dentist:	Phone#:	
Physicians:  Dentist:  Insurance Co	Phone#: Phone#:	
Physicians:  Dentist:  Insurance Co  I authorize Trust Primary School	Phone#:Phone#:Phone#:Policy ID#:	hild ij