

# CLEMENT SCHOOL

P.O. Box 18248 • San Jose, CA 95158-8248

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Web site: <http://www.clementschoo.com>



FOR OFFICE USE ONLY



Today's Date: \_\_\_\_\_ School Start Date \_\_\_\_\_  
(Month/Year)

Child's Full Name: \_\_\_\_\_ Child's Birthday: \_\_\_\_\_  Male  Female

## Preschool/Pre-kindergarten

- M W F Morning (8:45am to 11:40am) – 3 Day
- T Th Morning (8:45am to 11:40am) – 2 Day

## Junior Kindergarten

- M - F Morning (9:10am to 12:15pm) - 5 Day
- M W F Morning (9:10am to 12:15pm) - 3 Day
- T Th Morning (9:10am to 12:15pm) and  
M Afternoon (12:45pm to 3:45pm) - 3 Day

Home Ph:(        ) \_\_\_\_\_ Mother's Cell Ph:(        ) \_\_\_\_\_ Father's Cell Ph:(        ) \_\_\_\_\_

Mother's Full Name: \_\_\_\_\_ Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
(or Legal Guardian)

Occupation: \_\_\_\_\_ Email: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_ Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
(or Legal Guadian)

Occupation: \_\_\_\_\_ Email: \_\_\_\_\_

Student lives with:  Both Parents  Mother Only  Father Only  Mother/Stepfather  Father/Stepmother  Guardian

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Person to be called in case of emergency (if parent cannot be reached):

1) Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

2) Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

School last attended before entering Clement: \_\_\_\_\_ For how long?: \_\_\_\_\_

Please list other children in family:

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

**All Preschool Students:**

Please note that a \$125.00 non-refundable registration fee is due with this application. This fee is **NOT** applicable to tuition. All students must provide proof of current immunizations PRIOR to the start of school.

**Junior Kindergarten Students:**

Please note that a \$200.00 non-refundable registration fee is due with this application. This fee is **NOT** applicable to tuition. All students must provide proof of current immunizations PRIOR to the start of school.

**PRE-PAYMENT TUITION:**

Please note that a non-refundable tuition prepayment in the amount of 50% of your regular monthly tuition is due on June 1<sup>st</sup>. This prepayment **WILL BE** applied towards your first month's tuition. The balance will be due August 3<sup>rd</sup>.

**Please read the following carefully:**

Briefly describe your child's medical history and all health considerations (i.e. allergies, bee sting allergy, epilepsy, etc.). If your child is currently being treated by a physician, please indicate the nature of that treatment – including any medication.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*I authorize Clement School to obtain emergency medical and/or dental care for my child at my expense. I have provided written notice above of any serious condition or allergies that affect my child.*

**The above information is true and correct to the best of my knowledge.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Relationship Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Relationship Date

<b>OFFICE USE ONLY</b>	TEACHER _____	New or Returning Student _____
	SESSION _____	Registration Fee _____
	CLASS NUMBER _____	Check Number _____
	Notice Given _____	Registration Papers Given? _____
	Exit Date _____	Begin Date _____
		<input type="checkbox"/> Enter family <input type="checkbox"/> Ledger <input type="checkbox"/> TEX <input type="checkbox"/> Class assign <input type="checkbox"/> Contact <input type="checkbox"/> Medical