

# Sea Breeze School Waiting List Application for Admission

900 Edgewater Blvd.

Foster City, California 94404-3709 E-Mail: [seabreezeschool@aol.com](mailto:seabreezeschool@aol.com) www.seabreezeschool.com 650-574-5437

\_\_\_\_\_  
M \_\_\_ F \_\_\_  
**Child's Name (Last) (First) (Middle) Sex Date of Birth**

\_\_\_\_\_  
Address City Zip Code Phone Number

**Place of Birth: City** \_\_\_\_\_ **State** \_\_\_\_\_ **Country** \_\_\_\_\_

Father \_\_\_\_\_ Mother \_\_\_\_\_  
Parents' Name Business Phone/Cell Phone Business Phone/Cell Phone

Email Address Father: \_\_\_\_\_ Mother \_\_\_\_\_

### **Sibling Information if applicable:**

Applicant is sibling of current student: Yes \_\_\_ No \_\_\_ Student's Name \_\_\_\_\_

Applicant is sibling of former student: Yes \_\_\_ No \_\_\_ Student's Name \_\_\_\_\_

Applying for School Year 20\_\_\_\_ - 20\_\_\_\_

### **Morning Classes**

**Early Arrival** \_\_\_ 7:30 - 8:15 (all ages)

#### **Pre School I**

Age Requirement: 3 years by December 2 of School Year enrolled

\_\_\_\_\_ 5 days \_\_\_\_\_ 2 days (T-Th)

Hours: \_\_\_\_\_ 8:30 - 12:30  
\_\_\_\_\_ 8:30 - 3:30  
\_\_\_\_\_ 8:30 - 6:00

#### **Pre School II**

Age Requirement: 4 years by December 2 of School Year enrolled

\_\_\_\_\_ 5 days \_\_\_\_\_ 3 days (M-W-F)

Hours: \_\_\_\_\_ 8:30 - 12:30  
\_\_\_\_\_ 8:30 - 3:30  
\_\_\_\_\_ 8:30 - 6:00

#### **Transitional Kindergarten**

Age Requirement: 5 years by March 2 of School Year enrolled

\_\_\_\_\_ 5 days  
Hours: \_\_\_\_\_ 8:30 - 1:30  
\_\_\_\_\_ 8:30 - 3:30  
\_\_\_\_\_ 8:30 - 6:00

### **I understand that:**

1. A check for \$75.00 must accompany this application. **Waiting List fee is not refundable.**
2. Applications will be dated on receipt.
3. A \$25.00 processing fee will be charged **for each schedule adjustment** once you have accepted your child's class schedule for the year.
4. It is your responsibility to keep this application up-to-date with your address, telephone number, email, etc.
5. Registration is subject to priority placement (Current students, siblings, and members of St. Ambrose).

**Submittal of this application in no way guarantees that your child will be placed.**

**Office Use:** Check # \_\_\_\_\_ Check Date \_\_\_\_\_

Cash \_\_\_\_\_ Date Cash Rec'd \_\_\_\_\_

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**Signature of Parent** Rev. 1.24.17