

St. Ambrose Sea Breeze School  
900 Edgewater Blvd.  
Foster City, California 94404-3709  
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[www.seabreezeschool.com](http://www.seabreezeschool.com)



**After School Care Program Waiting List Application**  
**for Admission School Year \_\_\_\_\_ - \_\_\_\_\_**

**5 Days** \_\_\_\_\_  
Grades 1-4

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

**Sibling & Priority 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 \_\_\_\_\_  
Applicant is a current Church Member: Yes \_\_\_ No \_\_\_

Elementary School \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Father's Email Address \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Mother's Email Address \_\_\_\_\_

1. Submittal of this application in no way guarantees that your child will be placed.
2. A \$75 application fee will be charged by debit or credit card (with a small fee) to process the application. Wait list fee is not refundable and not applicable towards tuition or registration.
3. It is your responsibility to keep this application up-to-date with your current address, telephone number, email address, etc.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_