

St. Ambrose Sea Breeze School
900 Edgewater Blvd.
Foster City, California 94404-3709
Telephone Number: 650-574-5437
Email: admin@seabreezeschool.com
www.seabreezeschool.com



After School Care Program Waiting List Application

for Admission School Year _____ - _____

5 Days _____
Kindergarten

5 Days _____
Grades 1-3

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 ___

Applicant is Sea Breeze School Alumni: 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. It is your responsibility to keep this application up-to-date with your current address, telephone number, email address, etc.

Parent Signature _____ Date _____

Please complete and return this form. You will be advised via email when a space becomes available.