

# Sea Breeze School Waiting List Application for Admission

900 Edgewater Blvd.

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

Child's Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_ 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\_\_\_\_

### **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 \$50.00 processing fee will be charged **for each schedule adjustment** once you have accepted your child's class schedule for the year. **Acceptances/Notifications will be communicated via email. You must respond with in 24 hours and begin registration to hold your child's spot.**
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 \_\_\_\_\_

\_\_\_\_\_  
**Signature of Parent**