Sea Breeze School 900 Edgewater Boulevard Foster City, California 94404-3709

Date

Telephone (650) 574-5437 Fax (650) 574-5833 E-Mail: seabreezeschool@aol.com www.seabreezeschool.com

2018 Summer Camp Registration

Name of Child (Last) (First)		(Middle	<u> </u>		"	MI Sex	Γ	Date of Birth
, , , , ,		(
Address			City		Zip	p Code		Home Phone
Place of Birth: City			St	ate			Country	у
Father	·-· .\		Mother	·			,\	
Parents' Names (Last) Business Phone Father	(First)			(Last) Mother		(1	First)	
Cell Phone Father				_ Mother	r			
E-Mail Address Father				Mother	r			
Veekly Session(s) Preferred (6 Minimum):	Week #2 Week #3	June 25 ¹ July 2 nd	ith through through .	h June 29 th July 6 th		Week #6 Week #7	July 23rd July 30t	through July 20 th through July 27 th th through Aug. 3 rd th through Aug. 10 th
Class Preferred:	-		Fees Per		,	_		Total Weeks
Early Arrival	5 3	Days days days days		Hours 7:30-8:15 7:30-8:15 7:30-8:15	5 5	Fees \$100 \$60 \$40		\$ \$ \$
Full Time:								
Preschool I 5 Days (PSI 3 Yrs. by 12/02/18)	5 days 5 days 5 days		8:30 - 12 8:30 - 3 8:30 - 6	3:30	\$270.00 \$340.00 \$375.00)		\$ \$ \$
Preschool II 5 Days (PSI 4 Yrs. by 12/02/18)	5 days 5 days 5 days		8:30 - 12 8:30 - 3 8:30 - 6	3:30	\$265.00 \$325.00 \$355.00)		\$ \$ \$
Part Time: Preschool I 3 Days (PSI 3 Yrs. by 12/02/18)	3 days (N 3 days (N 3 days (N	MWF) 🥫	8:30 - 3	3:30	\$215.00 \$240.00 \$255.00	0		\$ \$ \$_
Preschool II 3 Days (PSII 4 Yrs. by 12/02/18)	3 days (M 3 days (M 3 days (M	/WF) /WF)	8:30 - 12 8:30 - 3	2:30 3:30	\$215.00 \$240.00 \$255.00	0 0		\$ \$ \$
Transitional Kindergarten (TK 5 Yrs. by 3/2/2019)	5 days 5 days 5 days		8:30 - 12 8:30 - 3 8:30 - 6	3:30	\$280.0 \$350.0 \$390.0	00		\$ \$ \$
			Sub Tot Minus D Balance	tal Deposit				\$ \$ \$
 understand that: A non-refundable deposit of \$100.00 per s This deposit must be paid before a space is Summer Camp tuition. This deposit is refundable only if space is A \$25.00 processing fee will be charged for We are unable to offer tuition, rebate, allowed be peposits will be refunded if a class is cancel. 	s reserved for s not available each schedu ance or deduct	your chil le. ule reduc	ild and is a ction after	acceptance	your child e of your c	d's		For Office Use Only Pd Check #

Signature of Parent