



Class: 2/3yr___3/4/5yr____
Registration fee \$ _____ Application Date _____
Date fee Paid _____ Enrollment Date _____

Love, Laughter & Learning Center
Preschool Enrollment Application

Name of Child _____ Male/Female DOB _____
Address _____ Zip _____

Family Information:

Father/Guardian's Name _____

Address _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Mother/Guardian's Name _____

Address _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Insurance Carrier _____

Child Information:

Race/Ethnicity (optional)

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic or Latino
- Native Hawaiian or other Pacific Islander
- White

<p>Income Range (required for scholarship applicants, otherwise optional)</p> <ul style="list-style-type: none"> <input type="checkbox"/> \$0 - \$25,000 <input type="checkbox"/> \$25,000 - \$50,000 <input type="checkbox"/> \$50,000 - \$75,000 <input type="checkbox"/> \$75,000 - \$100,000

Does your child have any known allergies: No _____ Yes _____

Explain: _____

Please give any information concerning your child which will be helpful in his experience in a group setting such as play, eating and sleeping habits, special fears, special likes or dislikes:

Emergency Care Information:

Name of child's doctor _____ Office Phone _____

Name of child's dentist _____ Office Phone _____

Hospital preference _____ Phone _____

If either parent or guardian cannot be contacted, please call:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

If you cannot pick-up your child, please give the names of persons to whom the child can be released:

I agree that the operator may authorize the physician of his/her choice to provide emergency care in the event that neither I nor the family physician can be contact immediately.

_____ Signature of Parent/Guardian Date

Love Laughter & Learning Center
A Ministry of Ocean Park Camp & Retreat Center 28511 Vernon Ave. Ocean Park, WA 98640
(360)665-4367 LLLC@opretreat.org

\$50 registration fee is required with this application to hold a class spot. Thank you.

Classroom Volunteer Information

I/We wish to volunteer:

- maximum of 2 days per month (T/Th class)
- maximum of 4 days per month (M/W/F class)
- _____ days per month
- Our family prefers to pay full tuition.

Email addresses of classroom volunteers for background check information:

(please note that if you do not intend to volunteer IN THE CLASSROOM a background check is not required. Please note that we will pay for the first check per registered student. Additional volunteers are welcome but will require a \$15 background check fee.

name: _____ email: _____ FREE

name: _____ email: _____ \$15.00 Fee

name: _____ email: _____ \$15.00 Fee

Volunteer Skills:

What are some areas that you prefer to volunteer in if you wish to volunteer but not in the classroom?

- Fundraising
- Grant Writing
- Special event planning
- Parents' Night Out
- Grounds and Maintenance
- Other _____

Is there anything else we need to know about your child or family to ensure they have the best possible experience at Love, Laughter and Learning Center?

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