



Class: 2 yr \_\_\_ 3 yr \_\_\_ 4/5 yr \_\_\_  
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:**

Parent/Guardian's Name \_\_\_\_\_  
Email: \_\_\_\_\_  
Address \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_  
Email: \_\_\_\_\_  
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><b>Income Range</b> (required for scholarship applicants, otherwise optional)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> \$0 - \$25,000</li> <li><input type="checkbox"/> \$25,000 - \$50,000</li> <li><input type="checkbox"/> \$50,000 - \$75,000</li> <li><input type="checkbox"/> \$75,000 - \$100,000</li> </ul>
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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. PO Box C Ocean Park, WA 98640**  
**(360)665-4367 [LLLC@opretreat.org](mailto:LLLC@opretreat.org)**

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

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?

What is the best method of contact for your family?

Phone Call: \_\_\_\_\_

Text: \_\_\_\_\_

Email: \_\_\_\_\_

Mail: \_\_\_\_\_

\_\_\_\_\_

Desired Class:

2 year olds T/Th

3 year olds M/W/F

4-5 year olds M/W/F

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