



Class: 2-3 yr _____ 3-5 yr _____

Registration fee \$50

Date fee Paid _____

Application Date _____

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:

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

<p>Income Range (required for scholarship applicants, otherwise optional)</p> <p><input type="checkbox"/> \$0 - \$25,000</p> <p><input type="checkbox"/> \$25,000 - \$50,000</p> <p><input type="checkbox"/> \$50,000 - \$75,000</p> <p><input type="checkbox"/> \$75,000 - \$100,000</p>
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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

Email addresses of classroom volunteers for background check information:

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

(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:

- 2-3 year olds M/W/F
- 3-5 year olds M/W/F
- we intend to start kindergarten in 2020

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