Fisher Early Learning Center

2019-2020 LOTTERY APPLICATION

APPLICATIONS DUE BY FRIDAY, FEBRUARY 15, 2019

INFORMATION ABOUT YOUR CHILD: Please PRINT and complete one application per child

Child's Name _____ **Child's Age as of June 1, 2019*** ____**yrs and** _____**mos**
Last First MI

Date of Birth: (or due date) _____ **Gender:** Female Male ***If your child is over 2 yrs, 6 mos of age on June 1, 2019, when do you anticipate sending him/her to Kindergarten?**
(Child must be born on or before May 31, 2019.) **2020 2021 2022**

Ethnicity: (optional) American Indian Alaskan Native Hispanic Asian or Pacific Islander Black (not of Hispanic origin)
White (not of Hispanic origin) Other_____

Siblings: Fisher has a "sibling priority" policy, meaning siblings of currently enrolled children will be placed prior to new lottery applicants.
Does this child have a sibling currently enrolled in Fisher? Yes No

Sibling(s) Name(s) _____ Classroom(s) _____
If you are applying for more than one child, would you consider enrolling one even if there was not an opening for the other(s)?
Yes No

DU Affiliation: Current DU appointed faculty, benefitted full or part-time staff, and continuously enrolled degree-seeking students receive a 15% discount. (Alumni or adjunct faculty do NOT qualify.) Are you eligible for this discount? Yes No
You must attach proof of current DU affiliation to this application. Acceptable forms of proof include: DU Employees: a letter of employment verification from your supervisor; DU Students: An unofficial transcript or letter of acceptance (if not yet enrolled).

Special Needs: Is your child receiving any services (e.g. speech, feeding, occupational or physical therapy, early intervention) or does (s)he have a diagnosis at this time? Yes No If so, what are the services/diagnosis? _____

Has your child received services/had a diagnosis in the past? Yes No If so, please explain_____

_____

Parent/Guardian Name _____

Street Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____Cell Phone _____ Preferred: Home Work Cell

Email address _____

Parent/Guardian Name _____

Street Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____Cell Phone _____ Preferred: Home Work Cell

Email address _____

Please circle your preferred schedule: M-F T/Th MWF
Should your preferred schedule not be available, would you consider a different schedule? Yes No
If yes, please circle the schedule(s) you would accept: M-F T/Th MWF

I would like to be considered for an application fee waiver and/or the Donne and Sue Fisher Scholarship based on household income and total number of people in the household. (Income verification required.) Yes No Total number of people in household _____

_____
Parent Signature Date

Please send your application and $100 NON-REFUNDABLE application fee to:
Fisher Early Learning Center,
Attn: Enrollment Coordinator
1899 E Evans Avenue, Denver, CO 80208

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