Fisher Early Learning Center

AT THE UNIVERSITY OF DENVER

APPLICATIONS DUE BY: FRIDAY, February 17, 2017

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

Child's Name _____
Last First Middle

Date of Birth (or due date) _____ **Gender** Female Male **Child's age on June 1, 2017** yrs._____ ____ mos.

Will your child be entering KG in the 2018-2019 school year? Yes No

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 he/she 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 here _____

_____

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

_____
Parent Signature

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

USDA is an equal opportunity provider and employer.

This information is not required.

Child's Race/Ethnicity (please circle one):

American Indian Alaskan Native Hispanic Asian or Pacific Islander Black (not of Hispanic Origin)

White (not of Hispanic origin) Other_____

- I would like to be considered for an application fee waiver and/or reduced tuition based on household income and total number of people in the household. (Income verification necessary.) Yes No
- Total number of people in household _____