



Early Childhood Application

Today's Date _____

Child's Name _____ Child goes by _____ Birthdate _____ Gender _____
(First, Middle, Last)

Age _____ Grade applying to _____ Applicant presently attends _____
School Name Previous Schools attended

Place of Birth _____

Is this a sibling applicant? No ___ Yes ___ Have you previously applied to Ricks Center? No ___ Yes ___ Year ___

Parent/Guardian 1

(Name, including title)

(Date and Place of Birth)

(Address)

(City, State, Zip)

(Home)

(Cell)

(Email Address)

Parent/Guardian 2

(Name, including title)

(Date and Place of Birth)

(Address)

(City, State, Zip)

(Home)

(Cell)

(Email Address)

Applicant living with: _____

(Adult names and relationship)

(Siblings and other children, names and relationship)

Primary Language(s) spoken in the home: _____

Secondary Language(s) spoken in the home: _____

Parental Observations:

What three words best describe your child? Please give examples:

Why do you think Ricks is a good match for your child? What hopes and/or expectations do you have of Ricks?

I think my child learns best when...

Please describe your child's previous educational experience.

What are your child's favorite academic interests and strengths?

What are your child's favorite activities and interests outside of the classroom?

At Ricks, we strive to meet the needs of the whole child in our classrooms. Has your child ever needed any extra support for academic, emotional, health or physical needs? (e.g. from a tutor, occupational therapist, speech pathologist, counselor, psychologist, or physician). Please explain:

Is there anything else we should know about your child?

How did you learn about Ricks?

- | | | |
|---|---|---|
| <input type="checkbox"/> Current Ricks Family | <input type="checkbox"/> Ricks Center website | <input type="checkbox"/> Lone Tree Presents Publication |
| <input type="checkbox"/> Previous Ricks Family | <input type="checkbox"/> Colorado Parent Magazine | <input type="checkbox"/> Denver University Alum |
| <input type="checkbox"/> Friends or Coworkers | <input type="checkbox"/> 5280 | <input type="checkbox"/> Denver University Employee |
| <input type="checkbox"/> Teacher | <input type="checkbox"/> NAGC Website | <input type="checkbox"/> Denver University Publication |
| <input type="checkbox"/> Pediatrician | <input type="checkbox"/> Colorado Public Radio | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Educational Psychologist | <input type="checkbox"/> Life in the Park | _____ |
| <input type="checkbox"/> Testing Center | <input type="checkbox"/> Glendale Chronicle | _____ |
| <input type="checkbox"/> Educational Consultant | <input type="checkbox"/> Newman Center Presents | |

Please describe any unusual accomplishments your child has had: _____

What unique and/or interesting experiences has your child had? (i.e., special family times, travel, classes, etc.)

Are there any developmental or health-related concerns that we should be aware of? _____

Please check the type of care your child/schooling has had:

Years:	Sitter	Preschool	Home	Daycare	Other	(specify)	Approx. #hrs/wk
0-1	_____	_____	_____	_____	_____	_____	_____
1-2	_____	_____	_____	_____	_____	_____	_____
2-3	_____	_____	_____	_____	_____	_____	_____
3-4	_____	_____	_____	_____	_____	_____	_____
4-5	_____	_____	_____	_____	_____	_____	_____

Optional Information:

Do you intend to apply for need-based financial aid: ___ Yes ___ No

Are you Hispanic or Latino ___ Yes ___ No

Select one or more of the follow races:

- _____ American Indian or Alaska Native
- _____ Asian
- _____ Black or African American
- _____ Native Hawaiian or Other Pacific Islander
- _____ White

Rank to what extent the following descriptions fit your child 1 (seldom) - 5 (almost always)

1

5

1. My child is a keen observer:
2. My child's imagination is vivid:
3. My child has an extensive memory:
4. My child has a high level of energy or activity:
5. My child is emotionally sensitive:
6. My child shows compassion:
7. My child is perfectionistic:
8. My child perseveres on a project until it is finished:
9. My child has a large vocabulary:
10. My child is intense:
11. My child has close relationships with peers:
12. My child voices his/her own opinion:
13. My child has a wide range of ideas and interests:
14. My child is an early or avid reader:

Rank to what extent the following descriptions fit your child 1 (seldom) - 5 (almost always)

1

5

- 15. My child learns new concepts quickly:
- 16. My child applies new concepts to various situations:
- 17. My child's judgment is mature for his or her age at times:
- 18. My child has a sense of humor:
- 19. My child is curious:
- 20. My child prefers the company of older children and/or adults:
- 21. My child is concerned with justice or fairness:

Please make the \$75 application fee payable to University of Denver (first time applicants).

I have completed the Ricks Center application for the above applicant truthfully and to the best of my knowledge. I authorize Ricks Center to contact past and current schools, teachers, tutors, administrators, and other sources to obtain information to support the application (including transcripts, confidential recommendations, evaluations, and any additional documentation).

Withholding of information or records, especially those indicating that any of these applicants may have academic or behavioral concerns, may delay the admission process and ultimately could result in denial of admission. In cases where admission has been granted (whether prior or after student enrollment), and Ricks Center learns specific information was not included during the application process, the Admission Committee will re-evaluate the admission decision.

(Signature)

(Date)