



Fisher Early Learning Center
2025-2026 LOTTERY APPLICATION

APPLICATIONS DUE BY FRIDAY, FEBRUARY 14, 2025



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

Child's Name _____ Child's Age as of July 1, 2025* ____ yrs and ____ months
Last First MI

Date of Birth: (or due date) _____ (Child must be born on or before June 30, 2025.)

Gender: Female Male Prefer not to say

*If your child is over 2 years and 6 months of age on July 1, 2025, when do you anticipate sending her/him to Kindergarten?
when do you anticipate sending her/him to Kindergarten? When (s)he is 5 When (s)he is 6

Ethnicity: Hispanic or Latino Not Hispanic or Latino

Race: American Indian or Alaskan Native Hispanic Asian Native Hawaiian or Pacific Islander Black or African American
White Two or more races No response

Primary Language: _____ Secondary Language: _____

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 DU# _____
You must attach proof of current DU affiliation to this application. Acceptable forms of evidence include a letter of employment verification from your supervisor for DU Employees and an unofficial transcript or letter of acceptance for DU students (if not yet enrolled).
Please circle one if applicable: Staff Faculty Student- expected graduation date: _____

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 _____

Circle if applies: IFSP IEP What school district do you reside in: _____

Parent #1/Guardian Name _____
Street Address _____ City _____ State _____ Zip _____
Home Phone _____ Work Phone _____ Cell Phone _____ Preferred: Home Work Cell
Email address _____

Parent #2/Guardian Name _____
Street Address _____ City _____ State _____ Zip _____
Home Phone _____ Work Phone _____ Cell Phone _____ Preferred: Home Work Cell
Email address _____

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

Parent Signature Date