



Fisher Early Learning Center

2023-2024 LOTTERY APPLICATION

APPLICATIONS DUE BY FRIDAY, FEBRUARY 10, 2023



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

Child's Name _____ Child's Age as of July 1, 2023* ____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 July 1, 2023, when do you anticipate sending her/him to Kindergarten?
(Child must be born on or before June 30, 2023.) When (s)he is 5 When (s)he is 6

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 DU# _____

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).

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 _____

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 circle your preferred schedule: M-F Full Time 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 Full Time 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