



# Fisher Early Learning Center 2024-2025 LOTTERY APPLICATION



**APPLICATIONS DUE BY FRIDAY, FEBRUARY 15, 2024**

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

Child's Name \_\_\_\_\_ Child's Age as of July 1, 2024\* \_\_\_\_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, 2024,  
(Child must be born on or before June 30, 2024.) when do you anticipate sending her/him to Kindergarten?  
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:**  
Should your preferred schedule not be available, would you consider a different schedule? M-F Full Time T/Th MWF 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