



## Admission Application:

Preschool 1, Preschool 2, Preschool 3

6295 S Main St Ste B-113 Aurora, CO 80016  
303-928-7535 [dispreschool.com](http://dispreschool.com)

### UNDERSTANDING THE ADMISSION PROCESS

#### Visit

DIS schedules individual visits on most weekday mornings. Please contact our front office to schedule your individual visit at 303-928-7535.

#### Apply

Only complete application files submitted will receive full consideration. A complete application consists of:

- Application form . . . . . Completed by parent(s)
- Registration fee of \$175 (non-refundable) . . . Submitted with application by parent(s)
- Parent Questionnaire . . . . . Completed by parent(s)

#### Admission Decisions

Admission notifications will be sent to Preschool 1, Preschool 2 and Preschool 3 applicants. If admitted, enrollment contracts are due as soon as possible.

**Applicant Information**

Apply for admission in (check one):

Preschool 1 . . . . . turning 2 by 12/31/2019

Preschool 2 . . . . . turning 3 by 12/31/2019

Preschool 3 . . . . . turning 4 by 12/31/2019

**Applicant Name**

\_\_\_\_\_  
First Name Middle Name Last Name

Sex:  M  F Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

\_\_\_\_\_  
Home Address City State Zip Code

\_\_\_\_\_  
Home Telephone

How did you hear about DIS?

\_\_\_\_\_

**Other Children in Family**

\_\_\_\_\_  
First Name Last Name Relationship to Child

Sex:  M  F Age: \_\_\_\_\_

\_\_\_\_\_  
First Name Last Name Relationship to Child

Sex:  M  F Age: \_\_\_\_\_

\_\_\_\_\_  
First Name Last Name Relationship to Child

Sex:  M  F Age: \_\_\_\_\_

**Non-Discrimination Policy:** Federal, state and local equal opportunity laws prohibit discrimination on the basis of sex, race, religion, sexual orientation color and national and ethnic origin. The Denver International School intends to follow all such equal opportunity laws in the administration of its admission, hiring, employment, and evaluation practices.

**Parent Information**

Applicant lives with:

Both Parents  Mother  Father  Guardian  Other: \_\_\_\_\_

If divorced or separated, the Admissions Office should communicate with:

Both Parents  Mother  Father

\*Please submit any relevant legal documentation if marking anything other than "Both Parents"

**Parent 1**

Circle One: Mr. Mrs. Ms. Miss Dr. Other: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

\_\_\_\_\_  
First Name Middle Name Last Name

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Employment Address:

\_\_\_\_\_  
Address City State Zip Code

Business Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address if different from home:

\_\_\_\_\_  
Address City State Zip Code

## Parent 2

Circle One: Mr. Mrs. Ms. Miss Dr. Other: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

\_\_\_\_\_  
First Name Middle Name Last Name

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Employment Address:

\_\_\_\_\_  
Address City State Zip Code

Business Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address if different from home:

\_\_\_\_\_  
Address City State Zip Code

## Stepparent(s)

\_\_\_\_\_  
First Name Middle Name Last Name

\_\_\_\_\_  
First Name Middle Name Last Name

## Emergency Contact

If neither parent can be reached in an emergency call:

\_\_\_\_\_  
First Name Last Name

\_\_\_\_\_  
Address City State Zip Code

\_\_\_\_\_  
Telephone

**Person(s) designated to pick up or deliver child (Must show a photo I.D.):**

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First Name Last Name

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Address City State Zip Code

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Telephone Relationship to child

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First Name Last Name

---

Address City State Zip Code

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Telephone Relationship to child

**Specific person(s) NOT permitted to pick up or deliver child:**

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First Name Last Name

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Address City State Zip Code

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Telephone Relationship to child

---

First Name Last Name

---

Address City State Zip Code

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Telephone Relationship to child

## Health Information

Child's Doctor:

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Name

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Address

City

State

Zip Code

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Telephone

### Hospital Preference:

\_\_\_ Parker Adventist 9395 Crown Crest Blvd Parker, CO 80138 303-269-4000

\_\_\_ Children's Hospital 13123 E 16th Ave, Aurora, CO 80045 720-777-1234

\_\_\_ Other:

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Name

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Address

City

State

Zip Code

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Telephone

### Child's Dentist (Please list a dentist even if you do not have one yet):

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Name

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Address

City

State

Zip Code

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Telephone

Insurer Name \_\_\_\_\_ Policy # \_\_\_\_\_

Insurer address: \_\_\_\_\_

\_\_\_\_\_  
City State Zip Code

\*Please provide a copy of your child's insurance card coverage. If you need resources pertaining to places that offer health coverage and potential medical homes, please visit our parent resource area.

Has your child received a hearing screening within the last 12 months? \_\_\_Y \_\_\_N

Has your child received a vision screening within the last 12 months? \_\_\_Y \_\_\_N

Has your child received a dental screening within the last 12 months? \_\_\_Y \_\_\_N

\* If you need resources pertaining to places that offer health coverage and potential medical homes, please visit our parent resource area.

Does your child have a Health Care Plan? (If yes, the health care plan must be provided on or before the first day of preschool): \_\_\_Y \_\_\_N

List any chronic or handicapping problem that your child has; e.g., asthma, seizures, diabetics, heart disease, respiratory illness, drug reaction etc.:

\_\_\_\_\_

Describe any allergies, including foods, which have caused adverse reactions, or food not to be given to the child for health or religious reasons:

\_\_\_\_\_

Is your child fully immunized? Completed immunization records must be provided on or before the first day of school: \_\_\_Y \_\_\_N

Is your child on any medications? \_\_\_Y \_\_\_N

Explain: \_\_\_\_\_

\_\_\_\_\_

Does your child have physical limitations? \_\_\_\_Y \_\_\_\_N

If yes, please describe: \_\_\_\_\_

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**For a child to participate in a licensed childcare facility, the state requires this application must be accompanied with a signed medical statement prior to admission to child care which must be renewed at least annually. Failure to provide a medical form in compliance with this licensing requirement is a breach of contract and will result in immediate resignation without notice.**

A complete copy of the policies and procedures of the child care center will be given to the parents at the time of admission. Any updates of the policies and procedures will be given as changes are made.

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Parent/Guardian Printed Name

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Parent/Guardian Signature

Date

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Parent/Guardian Printed Name

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Parent/Guardian Signature

Date