



Admission Application:

Preschool 1, Preschool 2, Preschool 3

6295 S Main St Ste B-113 Aurora, CO 80016
303-928-7535 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 2.5 by 12/31/2016

Preschool 2 turning 3.5 by 12/31/2016

Preschool 3 turning 4.5 by 12/31/2016

Applicant Name

First Name	Middle Name	Last Name
Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Age: _____	Date of Birth: _____

Home Address	City	State	Zip Code
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Home Telephone _____

How did you hear about DIS?

Other Children in Family

First Name	Last Name	Relationship to Child
Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Age: _____	

First Name	Last Name	Relationship to Child
Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Age: _____	

First Name	Last Name	Relationship to Child
Sex: <input type="checkbox"/> M <input type="checkbox"/> 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

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.):

First Name Last Name

Address City State Zip Code

Telephone Relationship to child

First Name Last Name

Address City State Zip Code

Telephone Relationship to child

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

First Name Last Name

Address City State Zip Code

Telephone Relationship to child

First Name Last Name

Address City State Zip Code

Telephone Relationship to child

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: _____

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.

Parent/Guardian Printed Name

Parent/Guardian Signature

Date

Parent/Guardian Printed Name

Parent/Guardian Signature

Date

