LITTLE SPARTAN ACADEMY

2027–2028 PRESCHOOL LOTTERY APPLICATION

Swallows Charter Academy • Pueblo West, Colorado

APPLICATION WINDOW: OCTOBER 1–DECEMBER 1, 2026

This form places your child in the Little Spartan Academy (LSA) local preschool lottery process for the 2027–28 school year. It is not the Colorado Universal Preschool (UPK) application and does not guarantee UPK funding. Families seeking UPK funding must also complete the separate Colorado UPK enrollment process when it opens.

1. CHILD INFORMATION

Child's legal name: _____ Preferred name: _____

Date of birth: _____ Age on Oct. 1, 2027: _____ Gender (optional): _____

Home address: _____ City/ZIP: _____

Current preschool/child care (if any): _____ Primary language spoken by child: _____

2. PARENT / GUARDIAN INFORMATION

Parent/Guardian 1: _____ Relationship: _____

Phone: _____ Email: _____ Preferred contact: ☐ Phone ☐ Email ☐ Text

Parent/Guardian 2: _____ Relationship: _____

Phone: _____ Email: _____ Preferred contact: ☐ Phone ☐ Email ☐ Text

3. PROGRAM PREFERENCE

Please rank the program options you would accept. Program assignment depends on available seats, staffing, licensing capacity, the LSA lottery/waitlist process, and applicable UPK enrollment requirements.

Rank	Program Option	Would Accept?
____	Full-Day Preschool (approximately 32 hours/week)	☐ Yes ☐ No
____	Half-Day Preschool – AM	☐ Yes ☐ No
____	Half-Day Preschool – PM	☐ Yes ☐ No

If your first choice is unavailable, may LSA offer another available program? ☐ Yes ☐ No

Do you anticipate needing before/after-school care? ☐ Yes ☐ No ☐ Unsure

4. LOTTERY PREFERENCE INFORMATION

Check all that apply. Documentation may be required before a preference is applied. Preferences are subject to the LSA enrollment policy and any applicable state requirements.

☐ Child has a sibling currently enrolled at Swallows Charter Academy / Little Spartans Academy.

☐ Parent/guardian is an eligible Swallows Charter Academy employee.

☐ Child is currently enrolled at Little Spartans Academy and is seeking continued enrollment.

☐ None of the above.

Sibling name(s), if applicable: _____ Grade/Program: _____

5. COLORADO UPK & SUPPORT INFORMATION

Colorado UPK: LSA's local lottery and Colorado UPK are separate processes. A local LSA seat offer does not by itself create or guarantee state UPK funding, and families must complete any required state UPK steps.

☐ I plan to apply for Colorado UPK funding for my child.

☐ I do not plan to use Colorado UPK funding / I expect to use private-pay preschool.

☐ I am unsure and would like information about UPK.

Does your child currently have an IEP? ☐ Yes ☐ No ☐ Evaluation/Child Find in progress

If yes, school district/AU currently responsible for the IEP (if known): _____

Does your child have a 504 plan, health plan, allergy, medical need, developmental support need, or other accommodation you would like LSA to know about?

☐ No ☐ Yes (briefly describe): _____

This information is requested to help LSA plan appropriate supports and does not determine whether a child may participate in the lottery or be offered enrollment. LSA does not discriminate on the basis of disability.

6. FAMILY ACKNOWLEDGMENT

☐ I understand this application places my child into the LSA local preschool lottery/waitlist process and is not a final enrollment form.

☐ I understand submitting this form does not guarantee a seat, a particular schedule, or Colorado UPK funding.

☐ I understand families seeking UPK funding must separately complete the Colorado UPK enrollment process and any required state steps.

☐ I understand that if applications exceed available LSA seats, LSA will use its approved lottery and preference procedures and may establish a waitlist.

☐ I understand applications received after December 1, 2026 will be handled according to available space and the applicable LSA waitlist process.

☐ I certify that the information on this application is accurate and agree to notify LSA if my contact information or program needs change.

Parent/Guardian signature: _____ Date: _____

Printed name: _____ Best phone/email: _____

LSA OFFICE USE ONLY

Date received: _____ Received by: _____

Application #: _____	Lottery preference verified: ☐ Yes ☐ No ☐ N/A
Lottery result: ☐ Offered ☐ Waitlist ☐ Other	Program offered: _____
Family notified: _____	UPK status (if known): _____