DENVER PRESCHOOL PROGRAM

Address Affidavit

Child's Name:_____ Application # (if available): _____

Child's Date of Birth: _____/_____/_____ School: _____

This letter is to confirm that I reside in the city and county of Denver, making my child eligible to participate in the Denver Preschool Program.

_____

Signature of Parent/Guardian Signature Date

Please return this completed and signed form to the Denver Preschool Program at:

application@dpp.org

Fax: 303-295-1750

Denver Preschool Program
P.O. Box 40037
Denver, CO 80204

Version Effective: 10/22/2019

FUNDING QUALITY PRESCHOOL FOR DENVER