

Enrollment Packet 2026-2027

Family Information

Home Address _____

Parent/Guardian 1 Full Name _____

Cell Phone (_____) _____ Work Phone (_____) _____

Email _____

Address of Employment _____

Parent/Guardian 2 Full Name _____

Cell Phone (_____) _____ Work Phone (_____) _____

Email _____

Address of Employment _____

Child lives with guardian(s) listed

- Yes
- No
- Other (specify) _____

Legal Custody:

- Guardian(s) listed
- Other (specify) _____

Please elaborate on your family's situation if necessary:

Emergency Contacts/Release of Child

Only authorized persons may pick up students from MSL. Authorized persons are custodial parents, guardians, and others which the custodial parent/guardian specifies. Names and contact information of the authorized person must be on file before the student can be released. When an authorized person other than a parent/guardian picks up the student, MSL will require identity verification.

Name of Emergency Contact	Phone Number	Relationship to Child
	()	
	()	
	()	
	()	

Parent/Guardian 1 Name _____

Parent/Guardian 1 Signature _____ **Date** _____

Parent/Guardian 2 Name _____

Parent/Guardian 2 Signature _____ **Date** _____

Student Health Information

Child Full Legal Name _____

Birth Date ____/____/____

Is your child currently under a doctor's care?

Yes (specify) _____

Does your child have any history of significant disease or recurring illness?

Yes (specify) _____

No

Does your child take any prescribed medication on a regular basis?

Yes (please list the medication(s) and condition(s) the medication is intended to treat)

No

Do medications need to be given or available during MSL program hours?

Yes (please attach instructions for medication administration)

No

Does your child require a special/restricted diet:

Yes (specify) _____

No

List any allergies that your child has and what type of allergic reaction typically occurs:

Please attach an allergy action plan if necessary.

If your child has a possible anaphylactic allergy and is prescribed an EpiPen, we require the child's family to provide an EpiPen every day the student is in attendance.

Over-the-Counter Medications

I HEREBY AUTHORIZE MOUNTAIN SPROUTS LEARNING STAFF TO ADMINISTER THE FOLLOWING MEDICATIONS TO MY CHILD, IF NEEDED:

- Acetaminophen (Tylenol)**
- Ibuprofen (Motrin)**
- Children's Benadryl** (will be administered prior to parent contact only as a response to an anaphylactic reaction)
- I do not give permission** to administer medication

Note: Mountain Sprouts Learning will attempt to contact parents/guardians prior to administering medication. This form authorizes staff to administer the medication without additional contact. We will not exceed recommended dosage or administer medication if age recommended does not match your child's age.

In case of illness requiring immediate medical attention, the undersigned authorize Mountain Sprouts Learning to call a healthcare provider and/or transport my child, _____ (child's name) to the nearest hospital or doctor. I authorize emergency treatment deemed necessary by a physician in the event that I cannot be reached for permission. I agree to be responsible for the cost of such emergency care.

Parent/Guardian 1 Name _____

Parent/Guardian 1 Signature _____ **Date** _____

Parent/Guardian 2 Name _____

Parent/Guardian 2 Signature _____ **Date** _____

Photo and Social Media Release

Mountain Sprouts Learning sometimes takes photos and videos of students during program activities. With permission, Mountain Sprouts Learning intends to publish images to our official website and social media platforms. Personal identification (I.E. name, birthdate, etc.) will not appear alongside the student's pictures in any printed or digital materials. Use of photography may include promotional content with other partnering organizations. In this regard, we seek your consent to publish or use photos and/or videos in which your child may be included.

General Photo & Social Media Release Agreement

I, BEING THE PARENT/GUARDIAN OF _____ (Child), HEREBY CONSENT THAT THE PHOTOS AND/OR VIDEOS TAKEN OF MY CHILD WHILE ENROLLED AT MOUNTAIN SPROUTS LEARNING MAY BE USED BY MOUNTAIN SPROUTS LEARNING. I AGREE THAT THESE PHOTOS AND/OR VIDEOS MAY BE USED IN ALL PROGRAM-RELATED MATERIALS OR MEDIA OUTLETS, INCLUDING BUT NOT LIMITED TO, MOUNTAIN SPROUTS LEARNING'S WEBSITE, SOCIAL MEDIA ACCOUNTS, EMAILS, MARKETINGS, ETC. I UNDERSTAND THAT PERSONAL IDENTIFICATION (I.E. NAME, DATE OF BIRTH, ETC.) WILL NOT APPEAR ALONGSIDE THE STUDENT'S PICTURES IN ANY PRINTED OR DIGITAL MATERIALS. FURTHERMORE, I CONSENT THAT SUCH PHOTOS AND/OR VIDEOS SHALL BE THE PROPERTY OF MOUNTAIN SPROUTS LEARNING, WHICH HAS THE RIGHT TO DUPLICATE, REPRODUCE AND MAKE OTHER USES AS IT DEEMS NECESSARY WITHIN THE BOUNDARIES LAID OUT IN THIS RELEASE.

- I CONSENT TO THE USE OF MY CHILD'S PHOTOGRAPHY, ETC. AS DESCRIBED ABOVE.
- I CONSENT TO THE USE OF MY CHILD'S PICTURES TO BE USED FOR INTERNAL PUBLICATIONS, SUCH AS PARENT NEWSLETTER EMAILS, ONLY.
- I DO NOT CONSENT** TO HAVING PHOTOGRAPHY OF MY CHILD USED IN ANY WAY.

Parent/Guardian 1 Name _____

Parent/Guardian 1 Signature _____ Date _____

Parent/Guardian 2 Name _____

Parent/Guardian 2 Signature _____ Date _____

About Your Child

Child Name: _____

How would you describe your child's personality?

What activities does your child enjoy?

What are your goals for your child in our program?

Are there particular behaviors in your child you would like us to be aware of?

What is your child's past and current experience in other programs?

Please provide us with information about where your child is in the potty training process. If not potty training yet, let us know they wear diapers or pull-ups and inform us if anything changes.

Donor Contacts

Mountain Sprouts Learning is a 501(c)3 organization. For fundraising purposes, we are asking for mailing addresses as well as phone numbers and emails of those who may be interested in receiving donation solicitations from our organization.

Name: _____

Relationship to family: _____

Phone Number: _____

Email: _____

Mailing Address: _____

Name: _____

Relationship to family: _____

Phone Number: _____

Email: _____

Mailing Address: _____

Name: _____

Relationship to family: _____

Phone Number: _____

Email: _____

Mailing Address: _____