



---

Child's Name

---

Birth Date

Dear Parent/Guardian,

Welcome to Mosaic! In order for us to complete your child's registration, please fill out and submit to us the following forms and documents:

- Application for Admission
- Parent Information
- Parent Acknowledgement Form
- Payment and Attendance Policy
- Consent for Screening
- DHS Child Health Examination
- Two Emergency Cards
- Child Profile
- Consent Form
- Birth Certificate Copy
- Photo Release
- Emergency Medical/Dental Consent
- Receipt form of Summary of Licensing Standards
- Registration Fee (Supply Fee due every September)
- CACFP Form
- Developmental Background

Thank you,

Mosaic Administration

-----  
For Office Use Only:

Start Date: \_\_\_\_\_

Discharge Date: \_\_\_\_\_



## Parent Acknowledgement Form

My relationship with Mosaic is an at-will relationship and is subject to termination by me or Mosaic, with or without cause, at any time that either Mosaic or I believe such action is appropriate. Such termination shall be subject to all policies relating to termination of services.

I acknowledge that I have received, read and understand the policies contained in the parent handbook and on the policies sheet. I further agree to comply with these policies.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



## Payment and Attendance Policy

I understand Mosaic's Payment and Attendance Policies and agree to adhere to them. I understand that no exceptions will be made to the policies laid out below and in the Parent Handbook. I understand that if I do not follow the policies, that my child(ren) may be discharged from Mosaic. At Mosaic's discretion, Mosaic may give me a two week notice, or terminate services immediately. I acknowledge that Mosaic has reviewed the Payment and Attendance policies with me, in person at time of registration, unless I have opted out of the policy review stating that I have already read them, and that I understand them and agree to adhere to them. Below is a summary of the payment policies I agree to follow, but I also understand that there are more policies in the Parent Handbook which I have 24/7 access to on the Mosaic website. I agree to any and all policy changes, and understand that the Mosaic website will have the most up-to-date version of the Parent Handbook and that it is my responsibility to review and understand the Parent Handbook.

- Payment policies apply to everyone, regardless of whether parents are receiving financial aid or are registered part-time or full-time.
- Full tuition is due every Monday, even if a week has a holiday, school is closed due to weather, or the child does not attend all of his/her days.
- ACH is the only accepted payment method.
- There is a \$10/day late fee for every day the tuition payment is late, including weekends.
- Caregivers (parents/guardians) receiving Action for Children or any other form of financial aid which is expiring have two options:

1. Pay their copay for the first two weeks of their approval's expiration (these two weeks may include days that are covered under the current approval). If we do not receive an updated approval within those two weeks, the two-week deposit will be used to make up the difference and caregivers will have to reregister when their updated approval comes in, space permitting.

2. If caregivers do not want to risk losing their spot, they can pay the full tuition out of pocket until their updated approval comes and Mosaic will credit caregivers whatever they overpaid as long as AFC backpays.

- There is a \$50 fee for all failed app payments or payments made in the incorrect method.
- Unused days for a week cannot be made up and will not roll over to the following week.
- Transactions less than \$100 will incur a \$1 Processing Fee.



### **Payment and Attendance Policy Cont'd.**

I have read and understand and agree to follow all of the policies laid out above and in the Parent Handbook.

\_\_\_\_\_  
Parent/Guardian Initials

I opted out of having the Payment and Attendance Policies explained to me, and I understand and agree to follow them.

The Payment and Attendance Policies were explained to me, and I understand and agree to follow them.

\_\_\_\_\_  
Parent/Guardian Initials

By signing below, I agree to follow all of Mosaic's policies. I understand that Mosaic will not accept my child(ren) into their program if I do not agree to this. I also understand that my continued relationship with Mosaic may be terminated at will by either party for any reason – however, payment for any rendered services will still be owed, even in the case of termination.

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Date



### Application for Admission and Re-Admission

Child's Full Name: \_\_\_\_\_ Sex: M / F

Birth Date & Age: \_\_\_\_\_ Birthplace: \_\_\_\_\_

Child's SSN: \_\_\_\_\_ Primary Phone Number: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Address City State Zip

Days of Care: M T W Th F Other Hours in Care: \_\_\_\_\_

Known Allergies: \_\_\_\_\_

One Parent Household / Two Parent Household (

Parent 1/Guardian Full Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Employer/Company Name & Occupation: \_\_\_\_\_

Work Address: \_\_\_\_\_  
Address City State Zip

Parent 2/Guardian Full Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Employer/Company Name & Occupation: \_\_\_\_\_

Work Address: \_\_\_\_\_  
Address City State Zip

Emergency Contacts/Other Persons Authorized to Transport Your Child to and From School:

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_



## Child Profile

Has your child had previous early care and education experience?

---

Are you changing child care centers? If so, why?

---

---

Describe general health, abilities, temperament, etc.

---

---

Does your child have any specific medical or physical needs?

---

---

Does your child regularly take medications? If so, which ones and why?

---

---

What are your child's eating habits? (Particular likes, dislikes, allergies to food, etc.)

---

---

Is your child toilet trained? \_\_\_\_\_ If so, since when? \_\_\_\_\_

Does your child wear pull ups? \_\_\_\_\_

Does your child have any specific habits for going to sleep?

---

What are your child's favorite activities?

---

---

How does your child socialize with other children?

---

---

With adults?

---

---

Reaction to strangers?

---

---



## CONSENT FORM

1. I hereby give my consent to have my child(ren) receive first aid treatment in the center and/or be treated by a physician for medical or surgical care should an emergency arise. I additionally authorize the Center, in my absence, to call emergency city services (911), and have my child transported to the most appropriate medical facility. A staff person for the Center will accompany my child(ren) should they be transported to a medical facility. I understand that every effort will be made to contact me before such action is taken. As a parent/guardian, I will notify this Mosaic in writing of any changes in my address, employer, and contact numbers.

Parent/Guardian Initials \_\_\_\_\_

2. I grant Mosaic permission to apply any Topical Ointment, that I will provide, on my child(ren) when necessary.

Parent/Guardian Initials \_\_\_\_\_

3. I hereby grant Mosaic permission to take my child on nature walks (younger children will use strollers), park visits, field trips, and/or fire drills under teacher supervision. I understand that this means my child(ren) may leave the school or school area for these purposes.

Parent/Guardian Initials \_\_\_\_\_

4. I am aware that Mosaic will only release my child to authorized persons listed on the Application for Admission form.

Parent/Guardian Initials \_\_\_\_\_

5. I agree to respect all teachers and persons in Mosaic.

Parent/Guardian Initials \_\_\_\_\_

6. I have read the Parent handbook and understand and agree to follow all policies.

Parent/Guardian Initials \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian's Full Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



## Parent Information Form

The information you provide on this form is strictly confidential. This information is important because it helps us to have a picture of the whole child. Thank you for your cooperation.

Child's full name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Address: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Boy \_\_\_\_\_ Girl \_\_\_\_\_

Phone: \_\_\_\_\_ If no phone, please give name and number for emergency: \_\_\_\_\_

Home Language: \_\_\_\_\_ Race/Culture: \_\_\_\_\_ Religion: \_\_\_\_\_

Are both parents living in the home with this child? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Homeless

If No, with whom does this child live? \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Presently employed? \_\_\_\_\_ Yes \_\_\_\_\_ No

Education: (Indicate highest level completed) \_\_\_\_\_

Place of employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address, if different from child's: \_\_\_\_\_

Phone, if different from child's: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Presently employed? \_\_\_\_\_ Yes \_\_\_\_\_ No

Education: (Indicate highest level completed) \_\_\_\_\_

Place of employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address, if different from child's: \_\_\_\_\_

Phone, if different from child's: \_\_\_\_\_

Person to be contacted: \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Other

If other than parents, please fill in below:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Please check any of the agencies your family is/ has been involved with:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Preschool for All (Pre-K)             | <input type="checkbox"/> GED                 | <input type="checkbox"/> Social Security                    |
| <input type="checkbox"/> Head Start                            | <input type="checkbox"/> Public Aid (IDPA)   | <input type="checkbox"/> Drug and/or Alcohol Rehabilitation |
| <input type="checkbox"/> Birth-3 Program                       | <input type="checkbox"/> DCFS                | <input type="checkbox"/> County Health Dept.                |
| <input type="checkbox"/> Private Preschool                     | <input type="checkbox"/> Shriners            | <input type="checkbox"/> WIC                                |
| <input type="checkbox"/> Alternative Ed.                       | <input type="checkbox"/> Dept of Corrections |   |
| <input type="checkbox"/> Southeastern Special Education (SESE) | <input type="checkbox"/> Other _____         |   |

List names of all people living in the household:

Name	Relationship	Age

Check appropriately yearly family income:

- |  |  |
|--|--|
| <input type="checkbox"/> \$0 - \$10,000      | <input type="checkbox"/> \$20,000 - \$30,000 |
| <input type="checkbox"/> \$10,000 - \$15,000 | <input type="checkbox"/> \$30,000 - above    |
| <input type="checkbox"/> \$15,000 - \$20,000 |  |

Has anything happened that may be influencing your child's development: (For example: divorce, separation, relocation, new baby, death, etc.) Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_





## Developmental Background

Family Doctor \_\_\_\_\_

Was this child premature? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, how much? \_\_\_\_\_

Child's birth weight: \_\_\_\_\_

Where there any complications or difficulties during pregnancy and/or birth of this child?

Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, please explain: \_\_\_\_\_

Was this child exposed to drugs or alcohol before birth? (Including prescription drugs taken by the Mother during pregnancy) Yes \_\_\_\_\_ No \_\_\_\_\_

Is this child on medication? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, why and what is the medication? \_\_\_\_\_

Is the child prone to ear infections? Yes \_\_\_\_\_ No \_\_\_\_\_ When \_\_\_\_\_

Where \_\_\_\_\_ Results \_\_\_\_\_

Has the child had a vision exam? Yes \_\_\_\_\_ No \_\_\_\_\_ When \_\_\_\_\_

Where \_\_\_\_\_ Results \_\_\_\_\_

Is there a history of any serious health problems in your family? Yes \_\_\_\_\_ No \_\_\_\_\_

Please explain \_\_\_\_\_

This child began walking at \_\_\_\_\_ months.

Have you noticed or has a doctor reported any of the following in your child(ren)?

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Asthma                | <input type="checkbox"/> Nose bleeding             | <input type="checkbox"/> Thumb sucking         |
| <input type="checkbox"/> Chronic ear infection | <input type="checkbox"/> Indigestion               | <input type="checkbox"/> Stuttering            |
| <input type="checkbox"/> Nail biting           | <input type="checkbox"/> Constipation              | <input type="checkbox"/> Bed wetting           |
| <input type="checkbox"/> Epilepsy (seizures)   | <input type="checkbox"/> Heart trouble             | <input type="checkbox"/> Diarrhea              |
| <input type="checkbox"/> Allergies             | <input type="checkbox"/> Diabetes                  | <input type="checkbox"/> Hyperactivity         |
| <input type="checkbox"/> Vomiting              | <input type="checkbox"/> Serious blows to the head | <input type="checkbox"/> Lack of consciousness |
| <input type="checkbox"/> Lack of coordination  | <input type="checkbox"/> Stomach aches             | <input type="checkbox"/> Frequent fevers       |
| <input type="checkbox"/> Headaches             | <input type="checkbox"/> Overtired/lacking pep     | <input type="checkbox"/> Medical problems      |
| <input type="checkbox"/> Sinus                 |  | <input type="checkbox"/> Nightmares            |

Any other physical problems? Please explain.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there anything else you would like for us to know?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## Parent Consent for Screening

I hereby give my consent for my child to participate in the developmental screening process for the Mosaic Early Childhood Programs. I further understand that my child will be screened upon 3 months of his/her entry.

---

Child's Full Name

---

Child's Birth Date

---

Parent/Guardian Full Name (Printed)

---

Parent/Guardian Signature



## EMERGENCY MEDICAL/DENTAL CONSENT FORM

I, \_\_\_\_\_ (Mother, Father, or Guardian)  
of \_\_\_\_\_, whose birth date is \_\_\_\_\_, do hereby give my permission  
and such emergency medical or dental care and/or treatment as my above named child might require while under  
Mosaic’s supervision. Center team members may take steps including any or all of the following if they believe an  
emergency situation exists:

1. Call an ambulance and have the child taken to the emergency unit of a hospital.
2. Call the child’s physician or dentist.
3. Call another physician or dentist.

In the case of emergency, every effort will be made to notify parents and to contact the child’s physician or dentist  
immediately. If it is necessary to transport or to have the child transported to a hospital, we will take the child to the  
nearest hospital or to the child’s physician or parent. I agree to pay all of the costs and fees for any emergency  
medical care or treatment for my child as secured or authorized under this consent.

### The following will be called in case of an emergency:

**Child’s physician:** Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_

**Child’s dentist:** Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_

**Child’s Hospital:** Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_

Mother/Guardian’s Name \_\_\_\_\_ Phone \_\_\_\_\_  
Father/Guardian’s Name \_\_\_\_\_ Phone \_\_\_\_\_

Relatives or friends who may be contacted for assistance or information in case of emergency. (Should also be listed  
on the pick-up permission form)

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone No. \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone No. \_\_\_\_\_

Allergies, medication, or other conditions pertinent to emergency care:

\_\_\_\_\_

Other Medical Conditions: \_\_\_\_\_

Name of Insurance Company \_\_\_\_\_

Policy/ID No. \_\_\_\_\_

Name of Insured \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



*A Blending Of Colors, Culture & Diversity*

## PHOTO RELEASE FORM

I understand that Mosaic offers a picture day at least once a year to be taken by a third party company. I further understand that I am under no obligation to purchase the photos that are taken of my child or pictures that my child may be in.

I also understand that Mosaic may take pictures of the children playing for use on their cubbies or for use with a project. I understand that pictures are sometimes used to help show parents what their children are doing during the day. I realize that photos may be displayed in the room could possibly include my child. I also realize that my child might be in the background or play area with another child when a picture is taken and that it is possible that that particular picture might be sent home with the other child to show their parent what they are doing. I also understand that Mosaic may utilize an app, and my child may appear in a photo with other children, therefore that photo may be sent to the parents of the other children as well as myself.

I hereby grant Mosaic permission to take photographs or video footage of my child. I agree to allow these photographs to be displayed in my child's room, on room or center bulletin boards, the Mosaic website, newsletters, or to be used as mentioned above. I further agree to allow Mosaic to use these photographs or video footage in limited promotional or training applications.

Child 1's Name \_\_\_\_\_

Child 2's Name \_\_\_\_\_

Child 3's Name \_\_\_\_\_

Child 4's Name \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Name (Printed)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



## Supply List

### **Infants:**

See next page.

### **Toddlers:**

- Diapers
- Wipes
- Extra Clothes (at least 2 full outfits)
- Water Bottle
- Mosaic Bag
- Mosaic Yellow T-shirt
- Sunscreen (if needed)
- Indoor Shoes (ex: house slippers with grips)
- Outdoor Shoes (ex: velcro sneakers)
- Pacifier (if needed)
- Milk Bottle (if needed)

### **2 Year Olds:**

- Diapers
- Pull Ups (if potty training) (must be able to open from the sides)
- Wipes
- Extra clothes (at least 2 full outfits)
- Water Bottle
- Mosaic Bag
- Mosaic Yellow T-shirt
- Sunscreen (if needed)
- Indoor Shoes (ex: house slippers with grips)
- Outdoor Shoes (ex: velcro sneakers)

### **3 Year Olds – 6 Year Olds:**

- Extra Clothes (at least 1 full outfit)
- Water Bottle
- Mosaic Bag
- Sunscreen (if needed)
- Indoor Shoes (ex: house slippers with grips)
- Outdoor Shoes (ex: velcro sneakers)

### **7 Year Olds +:**

Supply list to be provided by your location's Director/Administrator



# Mosaic Early Childhood Infant Supply List

1. Mosaic Bag
2. If drinking formula:
  - a. Formula, premeasured, in a formula dispenser
  - b. Water, premeasured, in individual bottles
3. If drinking breast milk:
  - a. Breast milk, premeasured, in individual bottles
4. Clothing:
  - a. At least 3 onesies (short onesies only, no long onesies. Button closure only, no zippers.)
  - b. At least 3 pairs of pants/shorts
  - c. At least 3 pairs of socks
  - d. At least 3 bibs
  - e. No media characters please
5. 1 sleep sack or baby swaddle
6. Diapers (at least 1 pack) – each diaper must be labeled with child’s name/initials
7. Baby wipes – pack labeled
8. Diaper rash cream (new, unopened, labeled)
9. 1 individual photo of the child
10. 1 family photo
11. If required – pacifier with pacifier clip – both items labeled.

**All items must be labeled with the child’s name. This includes bottles, clothes, bibs, etc.**

**No honey, nut or pork items allowed.**