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Fort Bend Independent School District has approved the distribution of non-school literature at campuses in accordance with procedures established by the campus principal. This organization and its activities are not related to or sponsored by Fort Bend ISD.

Student Application

Thank you for your interest in the Mosaic Learning Center. At MLC, we partner with parents and community resources to help children become self-disciplined and motivated to be successful students today, building confidence towards becoming successful leaders for tomorrow.

Please fill out this application form and return it to the main office. You will be notified when your application has been processed.

PERSONAL INFORMATION	
Full Legal Name:	
Present Address:	
Phone Number:	Birthday:
Father's Name:	Mother's Name:
Father's Phone:	Mother's Phone:
Email Address:	
Date of Application:	

MEDICAL INFORMATION

Allergies:

Medication #1:

Dose:

Frequency:

As Needed OR Scheduled Time:

Start Date:

End Date:

of Pills/Tablets:

Expiration Date:

Reason for Medication:

Possible Reactions/Restrictions:

Medication #2:

Dose:

Frequency:

As Needed OR Scheduled Time:

Start Date:

End Date:

of Pills/Tablets:

Expiration Date:

Reason for Medication:

Possible Reactions/Restrictions:

I give my permission for the Mosaic Learning Center personnel to give the above medication. The Center Director has my permission to consult Dr. _____ with questions regarding this medication at the number _____.

Name of Parent (Please print)

Signature

Date

EMERGENCY MEDICAL RELEASE

In the event of an emergency, please contact the following:

Name	Phone Number	Relation to Student
Frequency:		
Start Date:		
# of Pills/Tablets:		

In the event of an emergency, please take my child to our preferred hospital:

Name of Hospital:

Address:

Phone #:

Fax #:

Medical Insurance Company:

Insurance Co. Phone #:

Group # (Group, Local, or Policy #):

To the fullest extent permitted by law, I release Mosaic Learning Center, its Board of Directors, staff, tutors, mentors, volunteers, designees, independent contractors, and legal representatives from any injury, harm, damage, or death which may occur to my minor child while participating in the activities, and agree to save and hold them harmless from any claims arising out of my minor child's participation in the activity.

As parent or legal guardian, I understand that I am responsible for the health care decisions of my minor child and agree that my insurance plan is the primary plan to pay for the medical, dental, or hospital care or treatment that is given to my minor child. Any insurance policy of the organization will be used as secondary coverage.

Name of Parent (Please print)

Signature

Date

ACADEMIC SELF-EVALUATION FORM (To be filled by Parent)

In order to better understand your child's attitude towards school and their academic progress, please fill out the following form, checking the best description.










ATTITUDE	Poor	Fair	Average	Good	Excellent
Excitement to Learn					
Willingness to do Homework					
Friendship with Peers					
Respect for Peers					
Respect for Teachers					
Cooperation in Class					
Emotional Stability					
Stress Tolerance					
ACADEMICS					
Reading Comprehension					
Spelling					
Writing Skills					
Math					

Additional Comments:

Signature: _____ **Date:** _____

ACADEMIC SELF-EVALUATION FORM (To be filled by Student)

Help us get to know you! Place a checkmark by the face that best describes you!

ATTITUDE	 			 	  
Excitement to Learn					
Willingness to do Homework					
Friendship with Peers					
Respect for Peers					
Respect for Teachers					
Cooperation in Class					
Emotional Stability					
Stress Tolerance					
ACADEMICS					
Reading Comprehension					
Spelling					
Writing Skills					
Math					

PICK-UP RELEASE FORM

I, _____, parent or legal guardian of _____, understand that for the safety of my child, Mosaic Learning Center will not release my child or any information to any one except those listed below. This is the list of trusted individuals on file with Mosaic Learning Center. No one, no matter what the circumstances, will be able to pick up my child except for the following:

Name	Phone #:	Driver's License ID:
1.		
2.		
3.		
4.		

I release and agree to hold harmless Mosaic Learning Center, its Board of Directors, staff, tutors, mentors, and volunteers from any liability for injury, harm, damage, or death, by virtue of releasing my child to any of the individuals above.

Name of Parent (Please print)

Signature

Date

PHOTO RELEASE FORM

I, _____, parent or legal guardian of _____, give Mosaic Learning Center its Board of Directors, staff, tutors, mentors, volunteers, independent contractors, and legal representatives my permission to take photographs of my child for artistic advertising purposes.

Name of Parent (Please print)

Signature

Date

ACCEPTABLE TECHNOLOGY USE

I know that it is a privilege to be accepted into the Mosaic Learning Center's tutorial and mentorship program where a family who desires my success in school sponsors me. I know that I have been selected to participate in this program in hopes that I will make significant improvements in school. In view of this I will make the following covenant:

- (1) I promise to take proper care of the equipment and property of the learning center knowing that these are expensive tools designed to help me improve academically.
- (2) In the event that I break or damage any of the equipment and property at the learning center, I will pay the expenses to cover the property's worth.
- (3) I promise to follow the directions given to me by the learning center's staff regarding proper care and use of the equipment.
- (4) I promise to ask permission from the learning center's staff before using or attempting to use any equipment.
- (5) I promise to listen to my tutors
- (6) I promise to complete my homework, tutorial worksheets, and to participate in the fun mentorship activities.

Name of Student (Please print)

Signature

Date

Name of Parent/Legal Guardian (Please print)

Signature

Date

SPONSORSHIP INFORMATION: Please answer the following questions in great detail! The more you tell us about yourselves, the more your sponsors can be encouraged to sponsor you!

1. Why do you need to be sponsored?

2. What activities do you do after school?

3. What are your goals and dreams for your life?