

School Year 2025-2026

**ACKNOWLEDGMENT OF RECEIPT OF HANDBOOK**

CHILD'S NAME \_\_\_\_\_

AFTER READING THE EARLY IMPRESSIONS PARENT HANDBOOK, PLEASE SIGN, DATE AND RETURN THIS PAGE TO THE OFFICE. THANK YOU!

- I have received and read a copy of the Parent Handbook from Early **Impressions**.
- I understand that the Handbook reflects the current policies and procedures of **Early Impressions** and that it replaces and supersedes any prior policies, procedures or Handbooks.
- I agree that I will comply with the policies and procedures contained in this Handbook, and understand that these policies and procedures may be amended, modified, terminated or replaced by **Early Impressions**.
- I have read, understand, and agree to abide by the Tuition Payment Policy, on page 6, as outlined in this handbook.
- I will inform staff of any medical conditions, allergies, or other information necessary to keep my child safe during the time he/she is at school.
- In case of illness or emergency, I will be accessible by phone while my child is in school.
- I understand that it is my responsibility to keep my child's emergency card up to date with current contact information.
- I understand that it is my responsibility to keep my child's Health Form and yearly physical exam up-to-date, and to update student records.

\_\_\_\_\_  
Signature of Parent(s)/Guardian(s) or Responsible Adult

\_\_\_\_\_  
Signature of Parent(s)/Guardian(s) or Responsible Adult

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Relationship to Child

\_\_\_\_\_  
Relationship to Child

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date