

Parent Handbook Releases

Please sign and return for your child's file

Photography Release

I hereby give consent for my child to appear in photographs, video and sound recordings related to the educational purposes at Imprints Day School.

Parents Signature

Sunscreen Permission

I _____ give Imprints Day School and its

Staff permission to re-apply sunscreen to my child, _____

and understand that I am responsible to supply the school with suitable sunscreen for my child.

Parents Signature

I have read and understand all of the above policies pertaining to my child's enrollment at Imprints Day School. I understand and agree to abide by the enclosed policies. Imprints Day School reserves the right to terminate enrollment if the director feels that the child or parent's behavior is a detriment, disruption, or could potentially cause a safety issue.

My Child's name: _____

Parent/Guardian Signature: _____ Date: _____