



Parent Handbook Acknowledgment & Compliance Agreement

(Covers All Policies in the MHP Parent Handbook)

Child's Full Name: _____

Date of Enrollment: _____

Parent/Guardian Name(s): _____

By signing below, I acknowledge the following:

Receipt & Review

- I have received and reviewed the **Mother Hubbard Preschool Parent Handbook (Revised January 2026)**.
- I understand that the handbook contains all program policies, procedures, and expectations required by the Massachusetts Department of Early Education and Care (EEC).

Agreement to Follow All Policies

I agree to follow **all policies contained in the handbook**, including but not limited to:

- Enrollment, admission, and withdrawal procedures
- Attendance, arrival/dismissal, and late pick-up policy
- Tuition, financial responsibility, and closure policies
- Health, illness, medication, and allergy procedures
- Safe sleep, diapering, and personal care practices
- Emergency preparedness, evacuation, and reunification procedures
- Behavior guidance, prohibited practices, and suspension/termination policy
- Family Rights & Access to Records
- Program Grievance Procedure
- Confidentiality & recordkeeping
- Inclusion & non-discrimination policies
- Nutrition, CACFP compliance, and food-from-home restrictions
- Curriculum, assessment, and developmental screenings
- Transportation plan summary (school-age only)
- Communication expectations and family engagement practices

Updates & Regulatory Compliance

- I understand that the handbook may be updated as required by EEC regulations or program needs.
- I will be notified of any revisions, and I understand that the most current version will always apply.
- I understand that if any conflict exists between program policy and EEC regulations, EEC regulations take precedence.

Enrollment Status

- I understand that failure to comply with program policies may result in a review of my child's enrollment status.

Parent/Guardian Signature: _____ **Date:** _____

Parent/Guardian Signature (optional second): _____ **Date:** _____

Program Representative: _____ **Date:** _____
