

ImagINation Learning Center Testimonial

Name of person writing the testimonial:

Child's Age and Classroom:

Testimonial:

(Please use reverse side to continue testimonial.)

I hereby acknowledge and agree that my testimonial or some parts of it may be published at any time by ImagINation Learning Center on their website and marketing material. Only first names in combination with the child's age and/or classroom will be used as an identifier of the testimonial.

Signature: _____ Date: _____

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