

### Acknowledgement

I have read and understand the policies, conditions and waivers outlined in the Aftercare Handbook.

With this knowledge, I accept the policies, conditions and waivers outlined the Aftercare Handbook as a condition of having my student participate in the Le Monde Programs LLCs aftercare program and associated activities.

Child's or Children's Name(s) \_\_\_\_\_

Parent or Legal Guardian signature \_\_\_\_\_

Date \_\_\_\_\_