PARENTS: CIRCLE "YES" ON THE DAY(S) YOUR CHILD WILL ATTEND THE COUGAR CLUB ***WHEN YOU PICK-UP YOUR CHILD, PLEASE INITIAL THE DATE AND NOTE THE TIME**

ST. ALPHONSUS COUGAR CLUB ATTENDANCE CALENDAR: MARCH 2024 Calendar Due: FRIDAY, FEBRUARY23 , 2024

Child's Name: _	· · · · · · · · · · · · · · · · · · ·	Grade:Room Number:			
Monday	Tuesday	Wednesday	Thursday	Friday	
				1 YES	
				TIME OUT:	
				INITIALS	
4 YES	5 YES	6 YES	7 YES	8 YES	
FIME OUT:	TIME OUT:	TIME OUT:	TIME OUT:	TIME OUT:	
INITIALS	INITIALS	INITIALS	INITIALS	INITIALS	
11 YES	12 YES	13 YES	14 YES	15 YES	
FIME OUT:	TIME OUT:	TIME OUT:	TIME OUT:	TIME OUT:	
INITIALS	INITIALS:	INITIALS:	INITIALS:	INITIALS:	
18 YES	19 YES	20 YES	21 YES	22 YES	
TIME OUT:	TIME OUT:	TIME OUT:	TIME OUT:	TIME OUT:	
NITIALS:	INITIALS:	INITIALS:	INITIALS:	INITIALS:	
25 YES	26 YES	27 YES	28 Early Release Date	29 NO SCHOOL	
TIME OUT:	TIME OUT:	TIME OUT:	Cougar Club	Cougar Club	
INITIALS:	INITIALS:	INITIALS:	Closed	Closed	
OFFICE USE Date Received/Staff:	OFFICE USE 4:30 sign out:	OFFICE USE 6:00 sign out:	OFFICE USE TOTAL DUE:		
	\$	\$	\$		

Agreement: I have read and understand the addition and cancellation policies for the 2023-2024 Cougar Club. I understand that the fees charged for daily care will be based on the actual sign out time.

My child is registered for _____ After School Care Days.

Parent Signature:

_____Date: _____

Federal Tax ID# for St. Alphonsus School: 39-0850860