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: APRIL 2027

Calendar Due: FRIDAY, MARCH 12, 2027

Child's Name:_____ Room Number_____ Grade _____

Monday	Tuesday	Wednesday	Thursday	Friday
			4/1 ****NO SCHOOL**** COUGAR CLUB CLOSED	**4/2** ****NO SCHOOL**** COUGAR CLUB CLOSED
4/5 **YES** TIME OUT: INITIALS:	**4/6** **YES** TIME OUT: INITIALS:	**4/7** **YES** TIME OUT: INITIALS:	**4/8** **YES** TIME OUT: INITIALS:	**4/9** **YES** TIME OUT: INITIALS:
4/12 **YES** TIME OUT: INITIALS:	**4/13** **YES** TIME OUT: INITIALS:	**4/14** **YES** TIME OUT: INITIALS:	**4/15** **YES** TIME OUT: INITIALS:	**4/16** **YES** TIME OUT: INITIALS:
4/19 **YES** TIME OUT: INITIALS:	**4/20** **YES** TIME OUT: INITIALS:	**4/21** **YES** TIME OUT: INITIALS:	**4/22** **YES** TIME OUT: INITIALS:	**4/23** **YES** TIME OUT: INITIALS:
4/26 **YES** TIME OUT: INITIALS:	**4/27** **YES** TIME OUT: INITIALS:	**4/28** **YES** TIME OUT: INITIALS:	**4/29** **YES** TIME OUT: INITIALS:	**4/30** **YES** TIME OUT: INITIALS:

Agreement: I have read and understand the addition and cancellation policies for the 2025-2026 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