

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: **DECEMBER 2025**

Calendar Due: **FRIDAY, NOVEMBER 14, 2025**

Child's Name: _____ Room Number _____ Grade _____

Monday	Tuesday	Wednesday	Thursday	Friday
12/1 YES TIME OUT: INITIALS:	12/2 YES TIME OUT: INITIALS:	12/3 YES TIME OUT: INITIALS:	12/4 YES TIME OUT: INITIALS:	12/5 YES TIME OUT: INITIALS:
12/8 YES TIME OUT: INITIALS:	12/9 YES TIME OUT: INITIALS:	12/10 YES TIME OUT: INITIALS:	12/11 YES TIME OUT: INITIALS:	12/12 YES TIME OUT: INITIALS:
12/15 YES TIME OUT: INITIALS:	12/16 YES TIME OUT: INITIALS:	12/17 YES TIME OUT: INITIALS:	12/18 YES TIME OUT: INITIALS:	12/19 YES TIME OUT: INITIALS:
12/22 **NO SCHOOL** COUGAR CLUB CLOSED	12/23 **NO SCHOOL** COUGAR CLUB CLOSED	12/24 **NO SCHOOL** COUGAR CLUB CLOSED	12/25 **NO SCHOOL** COUGAR CLUB CLOSED	12/26 **NO SCHOOL** COUGAR CLUB CLOSED
12/29 **NO SCHOOL** COUGAR CLUB CLOSED	12/30 **NO SCHOOL** COUGAR CLUB CLOSED	12/31 **NO SCHOOL** COUGAR CLUB CLOSED		

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: _____