

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: JANUARY, 2024
Calendar Due: FRIDAY, DECEMBER 15, 2023

Child's Name: _____ Grade: _____ Room Number: _____

<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>
1 NO SCHOOL Cougar Club Closed	2 NO SCHOOL Cougar Club Closed	3 YES TIME OUT: INITIALS:	4 YES TIME OUT: INITIALS:	5 YES TIME OUT: INITIALS:
8 YES TIME OUT: INITIALS:	9 YES TIME OUT: INITIALS:	10 YES TIME OUT: INITIALS:	11 YES TIME OUT: INITIALS:	12 YES TIME OUT: INITIALS:
15 NO SCHOOL Cougar Club Closed	16 YES TIME OUT: INITIALS:	17 YES TIME OUT: INITIALS:	18 YES TIME OUT: INITIALS:	19 YES TIME OUT: INITIALS:
22 YES TIME OUT: INITIALS:	23 YES TIME OUT: INITIALS:	24 YES TIME OUT: INITIALS:	25 YES TIME OUT: INITIALS:	26 YES TIME OUT: INITIALS:
29 YES TIME OUT: INITIALS:	30 YES TIME OUT: INITIALS:	31 YES TIME OUT: INITIALS:		
OFFICE USE <u>Date Received/Staff:</u>	OFFICE USE 4:30 sign out: \$	OFFICE USE 6:00 sign out: \$	OFFICE USE <u>TOTAL DUE:</u> \$	

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: _____