

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 2025

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

Child's Name: _____ Room Number _____ Grade _____

Monday	Tuesday	Wednesday	Thursday	Friday
3 YES TIME OUT: INITIALS:	4 YES TIME OUT: INITIALS:	5 YES TIME OUT: INITIALS:	6 YES TIME OUT: INITIALS:	7 YES TIME OUT: INITIALS:
10 YES TIME OUT: INITIALS:	11 YES TIME OUT: INITIALS:	12 YES TIME OUT: INITIALS:	13 YES TIME OUT: INITIALS:	14 YES TIME OUT: INITIALS:
17 YES TIME OUT: INITIALS:	18 YES TIME OUT: INITIALS:	19 YES TIME OUT: INITIALS:	20 YES TIME OUT: INITIALS:	21 YES TIME OUT: INITIALS:
24 NO SCHOOL COUGAR CLUB CLOSED	25 NO SCHOOL COUGAR CLUB CLOSED	26 NO SCHOOL COUGAR CLUB CLOSED	27 NO SCHOOL COUGAR CLUB CLOSED	28 NO SCHOOL COUGAR CLUB CLOSED
31 YES TIME OUT: INITIALS:				

Agreement: I have read and understand the addition and cancellation policies for the 2024-2025 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: _____