

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 2026

Calendar Due: **FRIDAY, FEBRUARY 13, 2026**

Child's Name: _____ Room Number _____ Grade _____

Monday	Tuesday	Wednesday	Thursday	Friday
3/2 YES TIME OUT: INITIALS:	3/3 YES TIME OUT: INITIALS:	3/4 YES TIME OUT: INITIALS:	3/5 YES TIME OUT: INITIALS:	3/6 **NO SCHOOL** COUGAR CLUB CLOSED
3/9 YES TIME OUT: INITIALS:	3/10 YES TIME OUT: INITIALS:	3/11 YES TIME OUT: INITIALS:	3/12 YES TIME OUT: INITIALS:	3/13 YES TIME OUT: INITIALS:
3/16 YES TIME OUT: INITIALS:	3/17 YES TIME OUT: INITIALS:	3/18 YES TIME OUT: INITIALS:	3/19 YES TIME OUT: INITIALS:	3/20 YES TIME OUT: INITIALS:
3/23 YES TIME OUT: INITIALS:	3/24 YES TIME OUT: INITIALS:	3/25 YES TIME OUT: INITIALS:	3/26 YES TIME OUT: INITIALS:	3/27 YES TIME OUT: INITIALS:
3/30 YES TIME OUT: INITIALS:	3/31 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: _____