

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: **OCTOBER 2025**

Calendar Due: **FRIDAY, SEPTEMBER 12, 2025**

Child's Name: _____ Room Number _____ Grade _____

Monday	Tuesday	Wednesday	Thursday	Friday
		10/1 YES TIME OUT: INITIALS:	10/2 YES TIME OUT: INITIALS:	10/3 **NO SCHOOL** COUGAR CLUB CLOSED
10/6 **NO SCHOOL** COUGAR CLUB CLOSED	10/7 YES TIME OUT: INITIALS:	10/8 YES TIME OUT: INITIALS:	10/9 YES TIME OUT: INITIALS:	10/10 YES TIME OUT: INITIALS:
10/13 YES TIME OUT: INITIALS:	10/14 YES TIME OUT: INITIALS:	10/15 YES TIME OUT: INITIALS:	10/16 YES TIME OUT: INITIALS:	10/17 YES TIME OUT: INITIALS:
10/20 YES TIME OUT: INITIALS:	10/21 YES TIME OUT: INITIALS:	10/22 YES TIME OUT: INITIALS:	10/23 YES TIME OUT: INITIALS:	10/24 YES TIME OUT: INITIALS:
10/27 YES TIME OUT: INITIALS:	10/28 YES TIME OUT: INITIALS:	10/29 YES TIME OUT: INITIALS:	10/30 YES TIME OUT: INITIALS:	10/31 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: _____