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 2027

Calendar Due: FRIDAY, FEBRUARY 13, 2027

Child's Name:_____ Room Number_____ Grade _____

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

Federal Tax ID# for St. Alphonsus School: 39-0850860