

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: **NOVEMBER 2025**

Calendar Due: **FRIDAY, OCTOBER 17, 2025**

Child's Name: _____ Room Number _____ Grade _____

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