

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: **APRIL 2026**

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

Child's Name: _____ Room Number _____ Grade _____

Monday	Tuesday	Wednesday	Thursday	Friday
		4/1 YES TIME OUT: INITIALS:	4/2 **EARLY DISMISSAL** COUGAR CLUB CLOSED	4/3 **NO SCHOOL** COUGAR CLUB CLOSED
4/6 **NO SCHOOL** COUGAR CLUB CLOSED	4/7 **NO SCHOOL** COUGAR CLUB CLOSED	4/8 **NO SCHOOL** COUGAR CLUB CLOSED	4/9 **NO SCHOOL** COUGAR CLUB CLOSED	4/10 **NO SCHOOL** COUGAR CLUB CLOSED
4/13 YES TIME OUT: INITIALS:	4/14 YES TIME OUT: INITIALS:	4/15 YES TIME OUT: INITIALS:	4/16 YES TIME OUT: INITIALS:	4/17 YES TIME OUT: INITIALS:
4/20 YES TIME OUT: INITIALS:	4/21 YES TIME OUT: INITIALS:	4/22 YES TIME OUT: INITIALS:	4/23 YES TIME OUT: INITIALS:	4/24 YES TIME OUT: INITIALS:
4/27 YES TIME OUT: INITIALS:	4/28 YES TIME OUT: INITIALS:	4/29 YES TIME OUT: INITIALS:	4/30 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: _____