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: MAY/JUNE 2025 Calendar Due: FRIDAY, APRIL 11, 2025

Child's Name:_	Room Number Grade			
Monday	Tuesday	Wednesday	Thursday	Friday
<b>z</b>			5/1 YES	5/2 YES
			TIME OUT:	TIME OUT:
			INITIALS:	INITIALS:
5/5 YES	5/6 YES	5/7 YES	5/8 YES	5/9 YES
TIME OUT:	TIME OUT:	TIME OUT:	TIME OUT:	TIME OUT:
INITIALS:	INITIALS:	INITIALS:	INITIALS:	INITIALS:
5/12	5/13	5/14	5/15	5/16
YES	YES	YES	YES	YES
TIME OUT:	TIME OUT:	TIME OUT:	TIME OUT:	TIME OUT:
INITIALS:	INITIALS:	INITIALS:	INITIALS:	INITIALS:
5/19	5/20	5/21	5/22	5/23
YES	YES	YES	YES	**EARLY
TIME OUT:	TIME OUT:	TIME OUT:	TIME OUT:	DISMISSAL**
INITIALS:	INITIALS:	INITIALS:	INITIALS:	COUGAR CLUB CLOSED
5/26	5/27	5/28	5/29	5/30
NO SCHOOL COUGAR CLUB	YES	YES	YES	YES
CLOSED	TIME OUT:	TIME OUT:	TIME OUT:	TIME OUT:
	INITIALS:	INITIALS:	INITIALS:	INITIALS:
6/2	6/3	6/4	6/5	6/6
YES	YES	YES	YES	**EARLY
TIME OUT:	TIME OUT:	TIME OUT:	TIME OUT:	DISMISSAL** COUGAR CLUB
INITIALS:	INITIALS:	INITIALS:	INITIALS:	CLOSED

Agreement: I have read and understand the addition and cancellation policies for the 2024-2025 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.

Date: \_\_\_\_\_

Parent Signature:

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