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: JANUARY 2027

Calendar Due: FRIDAY, DECEMBER 12, 2026

Child's Name:_____ Room Number_____ Grade _____

Monday	Tuesday	Wednesday	Thursday	Friday
				1/1 ****NO SCHOOL**** **COUGAR CLUB CLOSED**
1/4 **YES** **TIME OUT:** **INITIALS:**	**1/5** **YES** **TIME OUT:** **INITIALS:**	**1/6** **YES** **TIME OUT:** **INITIALS:**	**1/7** **YES** **TIME OUT:** **INITIALS:**	**1/8** **YES** **TIME OUT:** **INITIALS:**
1/11 **YES** **TIME OUT:** **INITIALS:**	**1/12** **YES** **TIME OUT:** **INITIALS:**	**1/13** **YES** **TIME OUT:** **INITIALS:**	**1/14** **YES** **TIME OUT:** **INITIALS:**	**1/15** ****NO SCHOOL**** **COUGAR CLUB CLOSED**
1/18 **YES** **TIME OUT:** **INITIALS:**	**1/19** **YES** **TIME OUT:** **INITIALS:**	**1/20** **YES** **TIME OUT:** **INITIALS:**	**1/21** **YES** **TIME OUT:** **INITIALS:**	**1/22** **YES** **TIME OUT:** **INITIALS:**
1/25 **YES** **TIME OUT:** **INITIALS:**	**1/26** **YES** **TIME OUT:** **INITIALS:**	**1/27** **YES** **TIME OUT:** **INITIALS:**	**1/28** **YES** **TIME OUT:** **INITIALS:**	**1/29** ****EARLY DISMISSAL**** **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