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: FEBRUARY 2025 Calendar Due: FRIDAY, JANUARY 17, 2025

Child's Name:	Room Number	Grade
---------------	-------------	-------

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

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.

N	Ny child is registered for	After School Care Days.	
Parent Signature:		Date:	