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: DECEMBER 2026

Calendar Due: FRIDAY, NOVEMBER 13, 2026

Child's Name:_____ Room Number_____ Grade _____

	Tuesday	Wednesday	Thursday	Friday
	12/1 YES TIME OUT: INITIALS:	12/2 YES TIME OUT: INITIALS:	12/3 YES TIME OUT: INITIALS:	12/4 YES TIME OUT: INITIALS:
12/7 YES TIME OUT: INITIALS:	12/8 YES TIME OUT: INITIALS:	12/9 YES TIME OUT: INITIALS:	12/10 YES TIME OUT: INITIALS:	12/11 YES TIME OUT: INITIALS:
12/14 YES TIME OUT: INITIALS:	12/15 YES TIME OUT: INITIALS:	12/16 YES TIME OUT: INITIALS:	12/17 YES TIME OUT: INITIALS:	12/18 Early Release Cougar Club Closed TIME OUT: INITIALS:
12/21 **NO SCHOOL** COUGAR CLUB CLOSED	12/22 **NO SCHOOL** COUGAR CLUB CLOSED	12/23 **NO SCHOOL** COUGAR CLUB CLOSED	12/24 **NO SCHOOL** COUGAR CLUB CLOSED	12/25 **NO SCHOOL** COUGAR CLUB CLOSED
12/28 **NO SCHOOL** COUGAR CLUB CLOSED	12/29 **NO SCHOOL** COUGAR CLUB CLOSED	12/30 **NO SCHOOL** COUGAR CLUB CLOSED	12/31 **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: _____

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