

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: NOVEMBER 2024

Calendar Due: **FRIDAY, OCTOBER 18, 2024**

Child's Name: _____ Room Number _____ Grade _____

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

Parent Signature: _____ Date: _____