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: OCTOBER 2023 Calendar Due: FRIDAY, SEPTEMBER 22, 2023

<u>Monday</u>	Tuesday	<u>Wednesday</u>	Thursday	<u>Friday</u>
2	3	4	5	6
YES	YES	Early Release Date		
TIME OUT:	TIME OUT:	Cougar Club	NO SCHOOL	NO SCHOOL
INITIALS:	INITIALS:	Closed	Cougar Club Closed	Cougar Club Closed
9	10	11	12	13
YES	YES	YES	YES	YES
FIME OUT:	TIME OUT:	TIME OUT:	TIME OUT:	TIME OUT:
INITIALS:	INITIALS:	INITIALS:	INITIALS:	INITIALS:
16	17	18	19	20
YES	YES	YES	YES	YES
TIME OUT:	TIME OUT:	TIME OUT:	TIME OUT:	TIME OUT:
INITIALS:	INITIALS:	INITIALS:	INITIALS:	INITIALS:
23	24	25	26	27
YES	YES	YES	YES	YES
TIME OUT:	TIME OUT:	TIME OUT:	TIME OUT:	TIME OUT:
INITIALS:	INITIALS:	INITIALS:	INITIALS:	INITIALS:
30	31			
YES	YES			
TIME OUT:	TIME OUT:			
INITIALS:	INITIALS:			
OFFICE USE	OFFICE USE	OFFICE USE	OFFICE USE	
Date Received/Staff:	4:30 sign out:	6:00 sign out:	TOTAL DUE:	
	\$	\$	\$	

Agreement: I have read and understand the addition and cancellation policies for the 2023-2024 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