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 2026
Calendar Due: FRIDAY, OCTOBER 17, 2026

Child's Name:_____ Room Number_____ Grade _____

Monday	Tuesday	Wednesday	Thursday	Friday
11/2 YES TIME OUT: INITIALS:	**11/3** YES TIME OUT: INITIALS:	**11/4** YES TIME OUT: INITIALS:	**11/5** YES TIME OUT: INITIALS:	**11/6** YES TIME OUT: INITIALS:
11/9 YES TIME OUT: INITIALS:	**11/10** YES TIME OUT: INITIALS:	**11/11** YES TIME OUT: INITIALS:	**11/12** YES TIME OUT: INITIALS:	**11/13** YES TIME OUT: INITIALS:
11/16 YES TIME OUT: INITIALS:	**11/17** YES TIME OUT: INITIALS:	**11/18** YES TIME OUT: INITIALS:	**11/19** YES TIME OUT: INITIALS:	**11/20** **NO SCHOOL** COUGAR CLUB CLOSED
11/23 **NO SCHOOL** COUGAR CLUB CLOSED	**11/24** **NO SCHOOL** COUGAR CLUB CLOSED	**11/25** **NO SCHOOL** COUGAR CLUB CLOSED	**11/26** **NO SCHOOL** COUGAR CLUB CLOSED	**11/27** **NO SCHOOL** COUGAR CLUB CLOSED
11/30 YES TIME OUT: INITIALS:				

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