

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: MAY 2027

Calendar Due: **FRIDAY, APRIL 16, 2027**

Child's Name: _____ Room Number _____ Grade _____

Monday	Tuesday	Wednesday	Thursday	Friday
5/3 YES TIME OUT: INITIALS:	5/4 YES TIME OUT: INITIALS:	5/5 YES TIME OUT: INITIALS:	5/6 YES TIME OUT: INITIALS:	5/7 YES TIME OUT: INITIALS:
5/10 YES TIME OUT: INITIALS:	5/11 YES TIME OUT: INITIALS:	5/12 YES TIME OUT: INITIALS:	5/13 YES TIME OUT: INITIALS:	5/14 YES TIME OUT: INITIALS:
5/17 YES TIME OUT: INITIALS:	5/18 YES TIME OUT: INITIALS:	5/19 YES TIME OUT: INITIALS:	5/20 YES TIME OUT: INITIALS:	5/21 YES TIME OUT: INITIALS:
5/24 YES TIME OUT: INITIALS:	5/25 YES TIME OUT: INITIALS:	5/26 YES TIME OUT: INITIALS:	5/27 YES TIME OUT: INITIALS:	5/28 **NO SCHOOL** COUGAR CLUB CLOSED
5/31 **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