

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 2024
 Calendar Due: **FRIDAY, NOVEMBER 15, 2024**

Child's Name: _____ Room Number _____ Grade _____

Monday	Tuesday	Wednesday	Thursday	Friday
2 YES TIME OUT: INITIALS:	3 YES TIME OUT: INITIALS:	4 YES TIME OUT: INITIALS:	5 YES TIME OUT: INITIALS:	6 YES TIME OUT: INITIALS:
9 YES TIME OUT: INITIALS:	10 YES TIME OUT: INITIALS:	11 YES TIME OUT: INITIALS:	12 YES TIME OUT: INITIALS:	13 YES TIME OUT: INITIALS:
16 YES TIME OUT: INITIALS:	17 YES TIME OUT: INITIALS:	18 YES TIME OUT: INITIALS:	19 YES TIME OUT: INITIALS:	20 YES TIME OUT: INITIALS:
23 NO SCHOOL COUGAR CLUB CLOSED	24 NO SCHOOL COUGAR CLUB CLOSED	25 NO SCHOOL COUGAR CLUB CLOSED	26 NO SCHOOL COUGAR CLUB CLOSED	27 NO SCHOOL COUGAR CLUB CLOSED
30 NO SCHOOL COUGAR CLUB CLOSED	31 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: _____