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: FEBRUARY 2026 Calendar Due: FRIDAY, JANUARY 16, 2026

Child's Name:	Room Number	Grade	

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