

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: AUGUST/SEPTEMBER 2024

Calendar Due: **THURSDAY, AUGUST 22, 2024**

Child's Name: _____ Room Number _____ Grade _____

Monday	Tuesday	Wednesday	Thursday	Friday
8/26 YES TIME OUT: INITIALS:	8/27 YES TIME OUT: INITIALS:	8/28 YES TIME OUT: INITIALS:	8/29 YES TIME OUT: INITIALS:	8/30 **EARLY DISMISSAL** COUGAR CLUB CLOSED
9/2 LABOR DAY NO SCHOOL	9/3 YES TIME OUT: INITIALS:	9/4 YES TIME OUT: INITIALS:	9/5 YES TIME OUT: INITIALS:	9/6 YES TIME OUT: INITIALS:
9/9 YES TIME OUT: INITIALS:	9/10 YES TIME OUT: INITIALS:	9/11 YES TIME OUT: INITIALS:	9/12 YES TIME OUT: INITIALS:	9/13 YES TIME OUT: INITIALS:
9/16 YES TIME OUT: INITIALS:	9/17 YES TIME OUT: INITIALS:	9/18 YES TIME OUT: INITIALS:	9/19 YES TIME OUT: INITIALS:	9/20 YES TIME OUT: INITIALS:
9/23 YES TIME OUT: INITIALS:	9/24 YES TIME OUT: INITIALS:	9/25 YES TIME OUT: INITIALS:	9/26 YES TIME OUT: INITIALS:	9/27 YES TIME OUT: INITIALS:
9/30 YES TIME OUT: INITIALS:				

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: _____