

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: OCTOBER 2024
 Calendar Due: **FRIDAY, SEPTEMBER 13, 2024**

Child's Name: _____ Room Number _____ Grade _____

Monday	Tuesday	Wednesday	Thursday	Friday
	1 YES TIME OUT: INITIALS:	2 YES TIME OUT: INITIALS:	3 NO SCHOOL COUGAR CLUB CLOSED	4 NO SCHOOL COUGAR CLUB CLOSED
7 YES TIME OUT: INITIALS:	8 YES TIME OUT: INITIALS:	9 YES TIME OUT: INITIALS:	10 YES TIME OUT: INITIALS:	11 YES TIME OUT: INITIALS:
14 YES TIME OUT: INITIALS:	15 YES TIME OUT: INITIALS:	16 YES TIME OUT: INITIALS:	17 YES TIME OUT: INITIALS:	18 YES TIME OUT: INITIALS:
21 YES TIME OUT: INITIALS:	22 YES TIME OUT: INITIALS:	23 YES TIME OUT: INITIALS:	24 YES TIME OUT: INITIALS:	25 YES TIME OUT: INITIALS:
28 YES TIME OUT: INITIALS:	29 YES TIME OUT: INITIALS:	30 YES TIME OUT: INITIALS:	31 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: _____