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 2027
Calendar Due: FRIDAY, JANUARY 15, 2027

Child's Name:_____ Room Number_____ Grade _____

Monday	Tuesday	Wednesday	Thursday	Friday
2/1 YES TIME OUT: INITIALS:	**2/2** YES TIME OUT: INITIALS:	**2/3** YES TIME OUT: INITIALS:	**2/4** YES TIME OUT: INITIALS:	**2/5** YES TIME OUT: INITIALS:
2/8 YES TIME OUT: INITIALS:	**2/9** YES TIME OUT: INITIALS:	**2/10** YES TIME OUT: INITIALS:	**2/11** YES TIME OUT: INITIALS:	**2/12** YES TIME OUT: INITIALS:
2/15 YES TIME OUT: INITIALS:	**2/16** YES TIME OUT: INITIALS:	**2/17** YES TIME OUT: INITIALS:	**2/18** YES TIME OUT: INITIALS:	**2/19** YES TIME OUT: INITIALS:
2/22 YES TIME OUT: INITIALS:	**2/23** YES TIME OUT: INITIALS:	**2/24** YES TIME OUT: INITIALS:	**2/25** YES TIME OUT: INITIALS:	**2/26** **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