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: JUNE 2027

Calendar Due: FRIDAY, MAY 14, 2027

Child's Name:_____ Room Number_____ Grade _____

Monday	Tuesday	Wednesday	Thursday	Friday
	6/1 YES TIME OUT: INITIALS:	**6/2** YES TIME OUT: INITIALS:	**6/3** YES TIME OUT: INITIALS:	**6/4** YES TIME OUT: INITIALS:
6/7 YES TIME OUT: INITIALS:	**6/8** YES TIME OUT: INITIALS:	**6/9** **EARLY DISMISSAL** COUGAR CLUB CLOSED		
Have	**A**	**Great**	**Summer,**	**St. Al's!**

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