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: SEPTEMBER 2026
Calendar Due: THURSDAY, AUGUST 27, 2026

Child's Name:_____ Room Number_____ Grade _____

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

Federal Tax ID# for St. Alphonsus School: 39-0850860