**Planning contrat en selon horaire**

**UAPE**

Fréquentation mensuelle 2024

**SEPTEMBRE**

**Nom et prénom de l’enfant :**

**Signature(s) du/des parents** :

**Planning reçu le** : ……………………………. (à remplir par la Chocolatine)

*Mettre une* ***X*** *dans les cases correspondantes*

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **DATES** | **Période MATIN** | **DEJ** | **Période MIDI** | **Période MIDI + APM** | **Période MATIN + MIDI** | **½ journée (MATIN ou APM)** | **Période SOIR** | **REMARQUES** |
|  |  | | | | | | | |
| Lundi 2 |  |  |  |  |  |  |  |  |
| Mardi 3 |  |  |  |  |  |  |  |  |
| Mercredi 4 |  |  | **Fermé** | | | | | |
| Jeudi 5 |  |  |  |  |  |  |  |  |
| Vendredi 6 |  |  |  |  |  |  |  |  |
|  |  | | | | | | | |
| Lundi 9 |  |  |  |  |  |  |  |  |
| Mardi 10 |  |  |  |  |  |  |  |  |
| Mercredi 11 |  |  | **Fermé** | | | | | |
| Jeudi 12 |  |  |  |  |  |  |  |  |
| Vendredi 13 |  |  |  |  |  |  |  |  |
|  |  | | | | | | | |
| Lundi 16 |  |  |  |  |  |  |  |  |
| Mardi 17 |  |  |  |  |  |  |  |  |
| Mercredi 18 |  |  | **Fermé** | | | | | |
| Jeudi 19 |  |  |  |  |  |  |  |  |
| Vendredi 20 |  |  |  |  |  |  |  |  |
|  |  | | | | | | | |
| Lundi 23 |  |  |  |  |  |  |  |  |
| Mardi 24 |  |  |  |  |  |  |  |  |
| Mercredi 25 |  |  | **Fermé** | | | | | |
| Jeudi 26 |  |  |  |  |  |  |  |  |
| Vendredi 27 |  |  |  |  |  |  |  |  |
|  |  | | | | | | | |
| Lundi 30 |  |  |  |  |  |  |  |  |