**Planning contrat en selon horaire**

**CRECHE**

Fréquentation mensuelle 2024

**NOVEMBRE**

**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** | **MATIN** | **DEJ’** | **2/3 (dès 11h)** | **2/3 (jusqu’à 14h)** | **APM** | **JOURNEE** | **REMARQUES** |
| Vendredi 1er | **Fermé** | | | | | | |
|  | | | | | | | |
| Lundi 4 |  |  |  |  |  |  |  |
| Mardi 5 |  |  |  |  |  |  |  |
| Mercredi 6 |  |  |  |  |  |  |  |
| Jeudi 7 |  |  |  |  |  |  |  |
| Vendredi 8 |  |  |  |  |  |  |  |
|  |  | | | | | | |
| Lundi 11 |  |  |  |  |  |  |  |
| Mardi 12 |  |  |  |  |  |  |  |
| Mercredi 13 |  |  |  |  |  |  |  |
| Jeudi 14 |  |  |  |  |  |  |  |
| Vendredi 15 |  |  |  |  |  |  |  |
|  |  | | | | | | |
| Lundi 18 |  |  |  |  |  |  |  |
| Mardi 19 |  |  |  |  |  |  |  |
| Mercredi 20 |  |  |  |  |  |  |  |
| Jeudi 21 |  |  |  |  |  |  |  |
| Vendredi 22 |  |  |  |  |  |  |  |
|  |  | | | | | | |
| Lundi 25 |  |  |  |  |  |  |  |
| Mardi 26 |  |  |  |  |  |  |  |
| Mercredi 27 |  |  |  |  |  |  |  |
| Jeudi 28 |  |  |  |  |  |  |  |
| Vendredi 29 |  |  |  |  |  |  |  |
|  | | | | | | | |