**Planning contrat en selon horaire**

**CRECHE**

Fréquentation mensuelle 2025

**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** |
| Lundi 3 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |       |
| Mardi 4 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |       |
| Mercredi 5 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |       |
| Jeudi 6 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |       |
| Vendredi 7 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |       |
|  |  |
| Lundi 10 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |       |
| Mardi 11 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |       |
| Mercredi 12 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |       |
| Jeudi 13 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |       |
| Vendredi 14 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |       |
|  |  |
| Lundi 17 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |       |
| Mardi 18 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |       |
| Mercredi 19 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |       |
| Jeudi 20 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |       |
| Vendredi 21 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |       |
|  |  |
| Lundi 24 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |       |
| Mardi 25 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |       |
| Mercredi 26 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |       |
| Jeudi 27 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |       |
| Vendredi 28 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |       |