**Planning contrat en selon horaire**

**CRECHE**

Fréquentation mensuelle 2024

**OCTOBRE**

**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** |
| Mardi 1er |  |  |  |  |  |  |  |
| Mercredi 2 |  |  |  |  |  |  |  |
| Jeudi 3 |  |  |  |  |  |  |  |
| Vendredi 4 |  |  |  |  |  |  |  |
|  |  | | | | | | |
| Lundi 7 |  |  |  |  |  |  |  |
| Mardi 8 |  |  |  |  |  |  |  |
| Mercredi 9 |  |  |  |  |  |  |  |
| Jeudi 10 |  |  |  |  |  |  |  |
| Vendredi 11 |  |  |  |  |  |  |  |
|  | **Vacances scolaires**  **du 16 (midi) au 28** | | | | | | |
| Lundi 14 |  |  |  |  |  |  |  |
| Mardi 15 |  |  |  |  |  |  |  |
| Mercredi 16 |  |  |  |  |  |  |  |
| Jeudi 17 |  |  |  |  |  |  |  |
| Vendredi 18 |  |  |  |  |  |  |  |
|  |  | | | | | | |
| Lundi 21 |  |  |  |  |  |  |  |
| Mardi 22 |  |  |  |  |  |  |  |
| Mercredi 23 |  |  |  |  |  |  |  |
| Jeudi 24 |  |  |  |  |  |  |  |
| Vendredi 25 |  |  |  |  |  |  |  |
|  |  | | | | | | |
| Lundi 28 |  |  |  |  |  |  |  |
| Mardi 29 |  |  |  |  |  |  |  |
| Mercredi 30 |  |  |  |  |  |  |  |
| Jeudi 31 |  |  |  |  |  |  |  |