**Planning contrat en selon horaire**

**CRECHE**

Fréquentation mensuelle 2025

**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** | **MATIN** | **DEJ’** | **2/3 (dès 11h)** | **2/3 (jusqu’à 14h)** | **APM** | **JOURNEE** | **REMARQUES** |
| Lundi 1er |  |  |  |  |  |  |  |
| Mardi 2 |  |  |  |  |  |  |  |
| Mercredi 3 |  |  |  |  |  |  |  |
| Jeudi 4 |  |  |  |  |  |  |  |
| Vendredi 5 | FERMETURE EXCEPTIONNELLE | | | | | | |
|  |  | | | | | | |
| Lundi 8 |  |  |  |  |  |  |  |
| Mardi 9 |  |  |  |  |  |  |  |
| Mercredi 10 |  |  |  |  |  |  |  |
| Jeudi 11 |  |  |  |  |  |  |  |
| Vendredi 12 |  |  |  |  |  |  |  |
|  |  | | | | | | |
| Lundi 15 |  |  |  |  |  |  |  |
| Mardi 16 |  |  |  |  |  |  |  |
| Mercredi 17 |  |  |  |  |  |  |  |
| Jeudi 18 |  |  |  |  |  |  |  |
| Vendredi 19 |  |  |  |  |  |  |  |
|  |  | | | | | | |
| Lundi 22 |  |  |  |  |  |  |  |
| Mardi 23 |  |  |  |  |  |  |  |
| Mercredi 24 |  |  |  |  |  |  |  |
| Jeudi 25 |  |  |  |  |  |  |  |
| Vendredi 26 |  |  |  |  |  |  |  |
|  | | | | | | | |
| Lundi 29 |  |  |  |  |  |  |  |
| Mardi 30 |  |  |  |  |  |  |  |