**Planning contrat en selon horaire**

**UAPE**

Fréquentation mensuelle 2024

**DECEMBRE**

**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 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |       |
|  | **Vacances scolaire du 20 (soir)** **au 06 janvier** |
| Lundi 23 | **Fermé** |
| Mardi 24 |
| Mercredi 25 |
| Jeudi 26 |
| Vendredi 27 |
|  |  |
| Lundi 30 | **Fermé** |
| Vendredi 31 |