**Planning contrat en selon horaire**

**UAPE**

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** | **Période MATIN** | **DEJ** | **Période MIDI** | **Période MIDI + APM** | **Période MATIN + MIDI** | **½ journée (MATIN ou APM)** | **Période SOIR**  | **REMARQUES** |
| Mardi 1er | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |       |
| Mercredi 2 | [ ]  | [ ]  | **Fermé** |
| Jeudi 3 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |       |
| Vendredi 4 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |       |
|  |  |
| Lundi 7 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |       |
| Mardi 8 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |       |
| Mercredi 9 | [ ]  | [ ]  | **Fermé** |
| Jeudi 10 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |       |
| Vendredi 11 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |       |
|  | **Vacances scolaires****du 16 (midi) au 28** |
| Lundi 14 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |       |
| Mardi 15 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |       |
| Mercredi 16 | [ ]  | [ ]  | **Fermé** |
| Jeudi 17 | **Fermé** |
| Vendredi 18 |
|  |  |
| Lundi 21 | **Fermé** |
| Mardi 22 |
| Mercredi 23 |
| Jeudi 24 |
| Vendredi 25 |
|  |  |
| Lundi 28 | [ ]  |
| Mardi 29 | [ ]  |
| Mercredi 30 | [ ]  |
| Jeudi 31 | [ ]  |