**Planning contrat en selon horaire**

**UAPE**

Fréquentation mensuelle 2025

**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** |
| Mercredi 1er | [ ]  | [ ]  | **Fermé** |
| Jeudi 2 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |       |
| Vendredi 3 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |       |
|  |  |
| Lundi 6 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |       |
| Mardi 7 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |       |
| Mercredi 8 | [ ]  | [ ]  | **Fermé** |
| Jeudi 9 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |       |
| Vendredi 10 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |       |
|  | **Vacances scolaire d’Automne****du 15 (midi) au 27**  |
| Lundi 13 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |       |
| Mardi 14 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |       |
| Mercredi 15 | [ ]  | [ ]  | **Fermé** |
| Jeudi 16 | **Fermé** |
| Vendredi 17 |
|  |  |
| Lundi 20 | **Fermé** |
| Mardi 21 |
| Mercredi 22 |
| Jeudi 23 |
| Vendredi 24 |
|  |  |
| Lundi 27 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |       |
| Mardi 28 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |       |
| Mercredi 29 | [ ]  | [ ]  | **Fermé** |
| Jeudi 30 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |       |
| Vendredi 31 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |       |