**Planning contrat en selon horaire**

**UAPE**

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** | **Période MATIN** | **DEJ** | **Période MIDI** | **Période MIDI + APM** | **Période MATIN + MIDI** | **½ journée (MATIN ou APM)** | **Période SOIR**  | **REMARQUES** |
| Lundi 1er | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |       |
| Mardi 2 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |       |
| Mercredi 3 | [ ]  | [ ]  | **Fermé** |
| Jeudi 4 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |       |
| Vendredi 5 | FERMETURE EXCEPTIONNELLE |
|  |  |
| Lundi 8 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |       |
| Mardi 9 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |       |
| Mercredi 10 | [ ]  | [ ]  | **Fermé** |
| Jeudi 11 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |       |
| Vendredi 12 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |       |
|  |  |
| Lundi 15 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |       |
| Mardi 16 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |       |
| Mercredi 17 | [ ]  | [ ]  | **Fermé** |
| Jeudi 18 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |       |
| Vendredi 19 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |       |
|  |  |
| Lundi 22 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |       |
| Mardi 23 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |       |
| Mercredi 24 | [ ]  | [ ]  | **Fermé** |
| Jeudi 25 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |       |
| Vendredi 26 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |       |
|  |  |
| Lundi 29 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |       |
| Mardi 30 | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |       |