

Inscription IRREGULIERE

Réservations Accueil périscolaire et de loisirs

**Réservé administratif**

Enregistré le :

**Signature :**

Mois de : Transmis le : …………………… Signature :

Nom :………………………………………. Prénom : ……………………………………… Nom de facturation : ………………………………………

Ecole : …………..……………..Classe : ……………… Nom de l’Enseignant : …………….…………

**RESERVATIONS ACCUEIL PERISCOLAIRE RESERVATIONS ACCUEIL DE LOISIRS MERCREDI**

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| **Semaine du au** | Lundi | Mardi | Jeudi | Vendredi |  | Date | Matin | Repas | Après-Midi |
| Matin |  |  |  |  |  | Merc |  |  |  |
| Soir |  |  |  |  |  |  |  |  |

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