**IMIĘ I NAZWISKO DZIECKA:** ………………………………………………………………………….

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Deklarowane godziny pobytu: **od** ……………………. **do** …………………… Posiłki:

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|  | **Lipiec 2020 r.**  godz. pracy placówki od 6.30 do 16.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14**4** | 15 | 16 | 17 | 18 | 19 | 20**0** | 21**1** | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
| **LIPIEC** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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|  | **Sierpień 2020 r.**  godz. pracy placówki od 6.30 do 16.00 | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14**4** | 15 | 16 | 17 | 18 | 19 | 20**0** | 21**1** | 22 | 23 | **Przerwa wakacyjna** |
| **SIERPIEŃ** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Należy w tabeli zaznaczyć „**X**” dni pobytu dziecka w placówce.

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| Osoby upoważnione do odbioru dziecka | | | |
| Lp. | **Imię i nazwisko osoby upoważnione** |  | **Stopień pokrewieństwa** |
| 1. |  |  |
| 2. |  |  |
| Osoby upoważnione, odbierające dziecko, potwierdzają swoją tożsamość okazując Dowód Osobisty | | | |