**MERCREDIS ANIMES**

Les inscriptions se font par période. Le paiement doit être effectué impérativement durant la première semaine de la période en Mairie (espèces ou chèques à l’ordre de : Mairie de St Hilaire – Régie recette)

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PREMIERE PERIODE** | | | | | | | | | | |
| **SEPTEMBRE** | | | | | | **OCTOBRE** | | | | |
| **MERCREDI** | 05 | 12 | 19 | 26 |  | | 03 | 10 | 17 |
|  |  |  |  |  |  | |  |  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **DEUXIEME PERIODE** | | | | | | | | | | |
| **NOVEMBRE** | | | | | | **DECEMBRE** | | | | |
| **MERCREDI** | 07 | 14 | 21 | 28 |  | | 05 | 12 | 19 |
|  |  |  |  |  |  | |  |  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **TROISIEME PERIODE** | | | | | | | | |
| **JANVIER** | | | | | | **FEVRIER** | | |
| **MERCREDI** | 09 | 16 | 23 | 30 |  | | 06 |
|  |  |  |  |  |  | |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **QUATRIEME PERIODE** | | | | | | | | | | |
| **FEVRIER** | | | | **MARS** | | | | **AVRIL** | | |
| **MERCREDI** | 27 |  | 13 | | 20 | 27 |  | | 13 |
|  |  |  |  | |  |  |  | |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **CINQUIEME PERIODE** | | | | | | | | | | | | | | |
| **AVRIL** | | | | | **MAI** | | | | | | |
| **MERCREDI** | 24 |  | | 15 | | | 22 | | | 29 | |
|  |  |  | |  | | |  | | |  | |
|  | | | | | | | | | | | | | | |
| **JUIN** | | | | | | | | | **JUILLET** | | | | | |
| **MERCREDI** | 05 | | 12 | | | 19 | | 26 | | |  | | 03 |
|  |  | |  | | |  | |  | | |  | |  |

Nom et Prénom de l’Adolescent : ……………………………………………………………………..

Téléphone des Parents : ……………………………………….

Je reconnais avoir complété la fiche individuelle de renseignements.

Nom/Prénom et Signature du représentant légal

………………………………………………….