|  |  |
| --- | --- |
| **AMPA DEL CENTRO:** |       |
| **Dirección:** |       |
| **Localidad:** |       |
| **Persona contacto:** |       |
| **Teléfono:** |       |
| **Correo electrónico:** |       |

|  |  |
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| **Nº PADRES INSCRITOS****(Mínimo 15)** | **LUGAR DE REALIZACION** **DE LA ACTIVIDAD** |
|       |       |

**PROGRAMACION:**

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| **SESION** | **FECHA** | **HORA INICIO** | **HORA FIN** |
| **1** |       |       |       |
| **2** |       |       |       |
| **3** |       |       |       |
| **4** |       |       |       |
| **5** |       |       |       |
| **6** |       |       |       |
| **7** |       |       |       |
| **8** |       |       |       |
| **9** |       |       |       |
| **10** |       |       |       |