**Rejestr wniosków składanych na dyżur wakacyjny**

**w Przedszkolu Samorządowym Nr 9 Im. Jana Brzechwy w Chrzanowie**

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| Lp. | **Imię i nazwisko dziecka** | **Godzina przyjęcia wniosku** | **Data przyjęcia wniosku** | **Podpis osoby składającej wniosek** | **Podpis osoby przyjmującej wniosek** |
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