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| http://intranet.ldkads.local/fileadmin/Medien/Service/Vorlagen/Vorlagen_2019/Lahn-Dill-Kreis_Logo_2019_farbig.jpg**Fachdienst 41.2****Karl-Kellner-Ring 51****35576 Wetzlar**Telefon 06441 407-1380Fax 06441 407–1386 | **Anwesenheitsliste Integrationsplatz** | Name / Anschrift der Einrichtung:Telefon / E-Mail: |
| für das Kind:  |
| im Kindergartenjahr:  |
| Öffnungstage im Kindergartenjahr insgesamt:  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **An- bzw. Abwesenheit**1. Woche 2. Woche 3. Woche 4. Woche 5. Woche | Anwesen-heitstage | Bemerkungen |
| **August** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **September** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Oktober** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **November** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Dezember** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Januar** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Februar** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **März** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **April** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Mai** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Juni** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Juli** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| Symbole: | Anwesend | **I** | Für die Richtigkeit: |
|  | Krank | **K** |  |
|  | Fehlend (unentschuldigt) | **F** |  |
|  | Urlaub | **U** |  |
|  | Kiga/Kita geschlossen | **G** |  |  |  |
|  | Therapie | **T** | Ort, Datum | Name in Druckbuchstaben | Unterschrift |