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|  | Personnummer |  | Namn |  | Placering |
| **Barn 1** |       |  |       |  |       |
| **Barn 2** |       |  |       |  |       |
| **Barn 3** |       |  |       |  |       |
| **Barn 4** |       |  |       |  |       |
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|  Gäller från : | År-mån-dag        |  Om barnet har samma tider varje vecka behöver endast en rad fyllas i |
|  | **Vistelsetiden ska täcka arbets-/studietid, restid samt lämning/hämtning** |

  **Måndag Tisdag Onsdag Torsdag Fredag**

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 Datum Vårdnadshavare

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