# TEILNAHMELISTE GANZTÄGIGE FERIENBETREUUNG

Amt für Kinder Jugendliche und Familien

**Bezeichnung der Maßnahme:** .....

**Ort der Maßnahme** **von - bis** **Jugendorganisation, Träger**

| Nr | Name, Vorname | Anschrift in Münster | Schule | Geschlecht | | Geb. - Datum | Ferienwochen | | | | | | OGTS | |
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| | | | | weib-lich | männ-lich | | 1. | 2. | 3. | 4. | 5. | 6. | ja | nein |
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| | | | **Summen bzw. Zwischensummen:** | | | | | | | | | | | |

| Nr | Name, Vorname | Anschrift in Münster | Schule | Geschlecht | | Geb. - Datum | Ferienwochen | | | | | | OGTS | |
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| | | | **Summen bzw. Zwischensummen:** | | | | | | | | | | | |