**Załącznik nr 2 do umowy**

# Ośrodek koordynacyjno-rehabilitacyjno-opiekuńczy w Gliwicach

## DZIENNIK ZAJĘĆ

**Imię i nazwisko dziecka:**

**Pesel:**

**Numer telefonu do rodzica:**

**Terapeuta:**

**Rodzaj zajęć:**

| Data | Temat zajęć | Podpis rodzica/opiekuna |
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