

Little Playhouse Napping Information

I _____, agree to have my child _____,
nap in/on a **mat, cot, or crib**, (circle one) , which will be placed in the classroom
while s/he is in Little Playhouse's care.

Sleeping arrangements for **infants** require that the infant be placed on his or her back to sleep, unless medical information is presented to the provider by the parent that shows that this arrangement is inappropriate for that child.

1. Does your child nap in the morning? _____
What Time? _____ How Long? _____

2. Does your child nap in the afternoon? _____
What time? _____ How Long? _____

3. Does your child use a pacifier? _____ Blanket? _____
Other? _____

Any additional information about your child's sleeping habits? _____

Parent's signature _____ Date _____

Provider's Signature _____ Date _____