



## Sleeping/ Napping Arrangements

Child's Name: \_\_\_\_\_ Parent/ Guardian: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Contact #: \_\_\_\_\_

My child has permission to sleep in the following room of the home: \_\_\_\_\_

My child has permission to sleep on (*circle one*):    Crib                      Cot                      Bed                      Mat

I understand that sleeping arrangements for infants require for infant to be placed on his or her back to sleep, unless I provide medical information to the provider that shows that arrangement is inappropriate for my child.

**I do**                      **I do not**                      Give my permission for my child to nap or sleep in a room where an awake adult is not present. I understand that the doors to all rooms must be open, the caregiver must remain on the same floor as the children and a functioning electronic monitor must be used in any room where children are sleeping, and an awake adult is not present.

**I do**                      **I do not**                      Give my permission- If my child is in evening or night care to allow the caregiver to sleep while my child is sleeping.

I understand that if my child is not able to nap, that time and space will be provided for quiet play and that my child will not be forced to rest for long periods of time.

Parent's/ guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of provider: \_\_\_\_\_

Date: \_\_\_\_\_