3161 Royal Avenue
Oceanside, NY 11572

(516) 632-2328
THA@TheHAcademy.org

Naptime Consent Form

I, _____, the parent or legal guardian of _____,

understand, that under the care of *The H Academy,* my child will be napping on a mat in their classroom under the direct and competent supervision of *The H Academy* staff.

Parent/Guardian's Signature: _____

Date: _____