

Napping Agreement for (child's name) _____

Your child is currently in the:

Infant Room (date) _____

He/She will be napping in a CRIB _____

Waddler Room (date) _____

He/She will be napping in a CRIB _____ or on a REST MAT _____

Toddler 1 (date) _____

He/She napping on a REST MAT _____

Toddler 2 (date) _____

He/ She will be napping on a REST MAT _____

Toddler 3 (date) _____

He/she will be napping on a REST MAT _____

Three Year Old Classroom (upstairs) _____

He/ she will be napping on a REST MAT _____

Three Year Old Classroom (downstairs) _____

He/ She will be napping on a REST MAT _____

Four Year Old Classroom (Mrs. B) _____

He/ She will be napping on a COT _____

Four Year Old Classroom (Ms Leisa) _____

He/ She will be napping on a REST MAT _____

****Children are in eyesight of staff at all times during rest time.**

Parent/Guardian Signature

Date