

Napping Permission

Child's name: _____ DOB:

Parent or Guardian: _____ Contact #: _____

My child has permission to sleep in the designated napping area.

A suitable crib, mat, or cot will be provided to my child by OC Child Care.

I understand that sleeping arrangements for infants require that the infant be placed on his/her back to sleep, unless I provide medical information to the provider that shows that this 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, and that the caregiver must remain on the same floor as the children.

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

Signature of parent(s) or guardians(s)

_____ Date: _____

_____ Date: _____

Signature of Provider: _____ Date: _____