Sleeping & Napping Agreement

	ments must be made in writing between the parent and childcare aintain this completed agreement on file in the center. This
•	w York State Office of Children & Family Services: Child Daycare
child	, understand that my, understand that my, while under the care of Pattycake Playhouse, will be the classroom. I understand that re will be competent supervision at all times via direct supervision me room and has direct visual contact with my child.
crib. I must provide a medical must be made due to a health	nderstand that my child will be placed on his/her back to sleep in a note from my child's pediatrician if another sleeping arrangement condition my child may have. I understand that my infant falls that he/she will immediately be moved to a crib.
classroom to another. If a chil child will be provided with a qu	apping agreement must be updated a child moves from one d is unable to sleep during the classroom's scheduled nap time, mulet activity. Electronic devices cannot be implemented during this per NYSOCFS Child Daycare Regulation: 418-1.7 (h)(3).
	Signature of Parent or Guardian:
Name (please print):	
Signature:	
Date:	_ (Month/Day/Year)
	Signature of Child Care Provider:
Name/Title (please print):	
Signature:	
Date:	_ (Month/Day/Year)