



# LITTLE BLOSSOMS MONTESSORI

14-08 ASTORIA PARK SOUTH, #1. ASTORIA, NEW YORK . 11102 (P) 212-203-9898

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## SLEEPING AND NAPPING ARRANGEMENT

Name of Child: \_\_\_\_\_

I understand that my child \_\_\_\_\_ while under the care

of Little Blossoms Montessori will be napping on a:

COT / MAT / BED / CRIB (circle all that apply)

I understand that napping will occur in the common area of the provider's home and my child will be supervised.

If my child is an infant, I further understand that they will be placed on their back to sleep.

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE