

## Sleeping Arrangement Agreement

I understand that my child will sleep on a:

\_\_\_\_Cot      \_\_\_\_Mat      \_\_\_\_\_Crib      \_\_\_\_\_Other

The area of the home where my child will sleeping is Napping Room.

All doors to the sleeping/nap room will remain open at all times. If provider is not in the same room as the children when they are sleeping, a functioning electronic monitor will be used.

\_\_\_\_\_

Parent Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Provider Signature

\_\_\_\_\_

Date