LEARNING POD

Little sprouts

NAPTIME/REST TIME

CONSENT & ACKNOWELDGEMENT FORM

Child's Name:

Date: / /
(DD/MM/YYYY)

Parent/Guardian Full Name:

NAP TIME & REST POLICY ACKNOWLEDGMENT

I acknowledge that I have received, read, and understand the Little Sprouts Parent Handbook, including the Nap Time and Rest Policy.

I understand the expectations regarding nap time routines, rest periods, supervision, and required nap items, and I agree to follow all guidelines as outlined in the handbook.

By signing below, I confirm my understanding and acceptance of the Nap Time & Rest Policy.

Child's Name:

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____