

## Resting Schedule Form

Child Name: \_\_\_\_\_ Age: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Please initial one item below. Please complete item one if naps are requested.

1. \_\_\_\_\_ My child is accustomed to napping during the day:

First Nap starts at \_\_\_\_\_ and ends at \_\_\_\_\_

Second Nap starts at \_\_\_\_\_ and ends at \_\_\_\_\_

Specific instructions and notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_ My child does not take naps.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

