



**Hummingbirds Child Care**  
61 Florence Avenue  
White Plains, NY 10607  
914-830-2037  
www.hummingbirdschildcare.com

PARENT – CHILD CARE PROVIDER  
NAPPING AGREEMENT

I, \_\_\_\_\_, agree to have my child \_\_\_\_\_  
Parent's Name Child's Name  
nap in/on a **mat, cot, or crib** which will be placed in the **daycare room** while he/she is in the  
Hummingbirds Child Care Program.

I understand that my child care provider must remain on the same level of the home as the  
children at all times.

Sleeping arrangements for **infants** require that the infant be placed on his/her back to sleep,  
unless medical information is presented to the provider by the parent that shows this  
arrangement is inappropriate for that child.

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Provider's Signature \_\_\_\_\_ Date \_\_\_\_\_