

**THE KID'S PLACE AT SLATE HILL  
PARENT – CHILD CARE PROVIDER  
NAPPING AGREEMENT**

**\*\*\*ONLY FOR CHILDREN WHO ARE STAYING THROUGH  
NAP TIME\*\*\***

I \_\_\_\_\_ agree to have my  
parent's name

child / children \_\_\_\_\_  
child / children's name(s)

nap on a Kindermat, which will be placed in the classroom at the The Kid's Place at Slate Hill. I understand that my child / children will be supervised in accordance with NYS regulations at all times.

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_

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