



The Lee Wiggins Childcare Centre
CHILD'S SLEEP PREFERENCES

Name of Child: _____ Age: _____

Time child normally goes to bed at night: _____

Time child normally wakes up in the morning: _____

Does your child nap? _____ Regular nap time(s): _____

If your child doesn't nap, what quiet activities do they enjoy?

What is your child's normal routine for falling asleep? For example, do they fall asleep on their own or do you stay with them and rub their back? Let us know what works at home. While we may not be able to do what you do at home, staff will make every effort to support your child in getting a good rest.

NOTE: If your child is resting and falls asleep on their own, they will continue to sleep until they wake up naturally or will be woken up by staff at 3:30 p.m.

Please provide us with any information that will help staff support your child with establishing and maintaining a sleep routine.

I have read the centre's Sleep Policy

Parent's Name

Parent's Signature

Parent's Name

Parent's Signature