

ACADEMIA DE MI ABUELA (AMA)

**Infant & Toddler Napping Plan**  
(Casa Lila & Casa Lima)

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Teacher's Name: \_\_\_\_\_ Classroom Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Name(s): \_\_\_\_\_ ; \_\_\_\_\_ Date: \_\_\_\_\_

What time does child wake up in the morning at home? \_\_\_\_\_

What time does child go to bed in the evening? \_\_\_\_\_

Does child sleep well through the night? \_\_\_\_\_

How many daily naps does child take? \_\_\_\_\_

Child's Sleeping Schedule

Time(s)							
Amount							

Does child use any soothers to sleep (blankets, soft toy, pacifier, etc)? \_\_\_\_\_

\_\_\_\_\_

How does child fall asleep? Do they need assistance by rocking, bouncing, petting, etc? \_\_\_\_\_

\_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Director: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Head Teacher: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Administrative Staff: \_\_\_\_\_ Date: \_\_\_\_\_