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Summer Camp Rest Time Questionnaire

We believe that you are the best resource to help us get to know your child and his/her rest time routine. Please complete this form and return it as soon as you are able. Thank you for your help!

Child's Name: _____

1. **Does your child take an afternoon nap? If so, at what time and for how long? If your child does not nap, he is required to rest for at least 30 minutes after which time he will be given quiet activities on his cot for the remainder of the rest period.**

Yes, my child naps Sometimes No, my child does not nap

Starting at: _____ Length of nap: _____ hours

2. **Describe your rest time routine at home. What does your child do before rest time? Does your child have a comfort item? Can this item remain at school?**

3. **Will your child need to wear a Pull-Up/diaper at rest time?** yes no
(If yes, please provide a weekly supply in your child's backpack.)

4. **Is your child able to self-soothe and fall asleep on his own or will your child need help? What techniques do you use at home?**

Self-soothes Needs help

Technique used: _____

5. **When your child wakes from rest time what is his/her demeanor?**

Happy Sad Alert Groggy Other _____

6. **Is there anything else you would like to share with us about your child's rest time routine?**
