



15 Shore Avenue, Oyster Bay, N.Y.11771
(516) 922-1049 Fax (516) 922-5330
www.oysterbabies.com Oybaby@aol.com

SLEEP CONSENT FORM

I _____, hereby give permission for my child
(Parent name, print)

_____ to sleep on a "cot" during nap time at
(Child name, print)

Oyster Babies Early Childhood Center.

Additional sleep instructions:

Parent/guardian's signature

____/____/____
Date