



Janine M. Marks, Executive Director

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SLEEP CONSENT FORM

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

_____, to sleep on/in a [**crib / cot / mat**] during nap time at
(Child name, print) *(Circle one of the above)*

Oyster Babies Early Childhood Center.

Additional sleep instructions:

Parent/guardian's signature

____/____/____
Date