



*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:

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\_\_\_\_\_  
*Parent/guardian's signature*

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*Date*