



Embracing Equality and Diversity

Sleep Authorization Form

This form must be completed by the parent/guardian for ALL Sleep authorizations of children over the age of 12 months enrolled in an Infant Classroom.

Section A: To be completed by parent/guardian

Sleep authorization for:

_____ (Child's name)

I, _____, give permission for Hope Grows Child Development Center to place my child in a crib to sleep.

Special instructions (if any):

This authorization is effective from:

_____ until: _____

(Start date)

(End date)

Parent or Guardian's Name: _____

Parent or Guardian's Signature: _____

Date: _____

Location 1:
Hope Grows Child Development Center
9845 Lost Knife Road
Gaithersburg, MD 20886
301-990-3170

Location 2:
Hope Grows Child Development Center
20111 Century BLVD Suite A
Germantown, MD 20874
240-246-7835