



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 to 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/Guardian's Name: _____

Parent/Guardian's Signature: _____

Date: _____

Hope Grows at Lost Knife
Location 1
9845 Lost Knife Road
Gaithersburg, MD 20886
301-990-3170

Hope Grows at Century
Location 2
20111 Century BLVD- A.
Germantown, MD 20874
240-246-7835

Hope Grows at Frederick Rd
Location 3
19757 Frederick Road
Germantown, MD 20876
240-912-4294