

Parent Release for children ages 12-24 months crib / cot preference

I _____ would prefer my child _____ sleep in _____
(Parent/Guardian Name) (Child name)

a _____ . This release will be in effect until the parent/guardian chooses for their child
(Crib/Cot)
to sleep on a cot or 24 months, whichever comes first.

Parent/Guardian Signature Date Staff/Supervisor Signature

I _____ no longer require my child _____ to sleep in _____
(Parent/Guardian Name) (Child name)

a crib. _____ is able to sleep on a cot.
(Child Name)

Parent/Guardian Signature Date Staff/Supervisor Signature