

Sleep Space Release

State regulations require a child be placed to sleep on their back in a crib. If you desire your child to sleep in a location other than a crib (swing, bouncy seat, car seat) please take this form to your physician for medical approval. CCC requires this form be completed and returned prior to enrollment.

Child's Name _____ Date of Birth _____

- YES** I permit my child to sleep in an alternate location such as a swing, bouncy seat or car seat.

Parent Signature _____ Date _____

Physician's Signature _____ Date _____

- NO** my child's only sleep space will be a crib. If my child falls asleep in a swing, bouncy seat or car seat, they must be placed in a crib.

Parent Signature _____ Date _____