



CRIB WAIVER

In accordance with the principles of Dr. Montessori that when my child is developmentally ready to sleep on a cot I, _____ the parent/guardian of _____, give permission to Starmaker School to have my child sleep on a cot during nap periods. I agree that my child should have the freedom of movement that a cot allows.

I further understand that prior to this transition I will be consulted. Both staff and parent/guardian will be in agreement prior to the use of a cot.

Parent/Guardian Signature

Date

Administrator

Date