

## Overnight Care Permission Form

I, \_\_\_\_\_ parent/guardian of \_\_\_\_\_ give permission to \_\_\_\_\_ Child Care to provide over night (beyond midnight) child care services. I will be dropping of my child on \_\_\_\_\_ (date) at \_\_\_\_\_ a.m. / p.m. and picking him/her up the following morning at \_\_\_\_\_ a.m./p.m.

I, understand that there is an additional fee for extended hours of care beyond his/her regular child care rate for these overnight services. The cost of care for this overnight will be \$ \_\_\_\_\_. If not picked up on time, the overtime rate will be \$ \_\_\_\_\_ per \_\_\_\_\_.

\_\_\_\_\_ Child Care is licensed for \_\_\_\_\_ children for overnight care and is specified as a condition on the license.

I understand my child will sleep on \_\_\_\_\_ (crib/bed/other) in \_\_\_\_\_ (room/bedroom/location).

✓	My child will be:	✓ if N/A	Parent Initials if Applicable
<input type="checkbox"/>	sharing a bed with _____		
<input type="checkbox"/>	sharing the room with _____		
<input type="checkbox"/>	not sharing the room		
<input type="checkbox"/>			
<input type="checkbox"/>			

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Parent/Guardian's Printed Name

\_\_\_\_\_  
Parent/Guardian's Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date