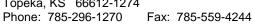
CCL. 034 Rev. 3/2017

Kansas Department of Health and Environment

Bureau of Family Health Child Care Licensing Program 1000 SW Jackson, Suite 200 Topeka, KS 66612-1274



Website: www.kdheks.gov/kidsnet



PARENTAL PERMISSION FORM FOR OFF-PREMISES TRIPS

Name of the Facility (exactly as stated on the license)						License #				
Adventure Time Preschool				7099-016						
Street Address of the Facility		City		Zip Code	Zip Code Co					
5539 Quivira Road		Shawnee		66216-1969 Johnson		Johnson				
					,					
		go to the following	g locations	off the prer	nises	with adult	supervision:			
First and Last Name of Child or Youth										
Place All outside premises around atps building	Street Address 5539 Quivira			9	By Vehicle		Walk/Bike Walk			
Signature of Parent or Guardian	re of Parent or Guardian			_ 1			Date Signed			
Place Rooms 109, 111, 200	Street Address	<u> </u>	City		By \	/ehicle	Walk/Bike			
201, 216-219, Foyers	5539 Quivira Road		Shawnee				Walk			
Signature of Parent or Guardian						Date Signed				
Place	Street Address		City		By Vehicle		Walk/Bike			
O'										
Signature of Parent or Guardian						Date Signed				
				l						
Place	Street Address	.	City		Ву\	/ehicle	Walk/Bike			
Signature of Parent or Guardian				Date Signed						
Signature of Farent of Guardian						bute digned				
Place	Street Address	3	City		Ву\	/ehicle	Walk/Bike			
Signature of Parent or Guardian						Date Signed				
Place	Street Address	;	City	T	Ву\	/ehicle	Walk/Bike			
Signature of Doront or Occardior					Date Signed					
Signature of Parent or Guardian						Date Signed				
Place	Street Address	3	City		Ву\	/ehicle	Walk/Bike			
Signature of Parent or Guardian			I		Date	Signed	<u>I</u>			

Place	Street Address	City	By Vehicle	Walk/Bike	
Signature of Parent or Guardian		I	Date Signed		
Place	Street Address	City	By Vehicle	Walk/Bike	
Signature of Parent or Guardian	Date Signed	Date Signed			
Place	Street Address	City	By Vehicle	Walk/Bike	
Signature of Parent or Guardian	Date Signed	Date Signed			
Place	Street Address	City	By Vehicle	Walk/Bike	
Signature of Parent or Guardian	Date Signed	Date Signed			
Place	Street Address	City	By Vehicle	Walk/Bike	
Signature of Parent or Guardian			Date Signed		
	OR SCHOOL AGE CHILI	DEN OF VOLTH (
		DREN OR TOOTH C	JINL I		
I hereby authorize my school age child					
To walk/bike to and from the following	ng location(s) without adult	supervision:			
Place	Street Address	City	By Vehicle	Walk/Bike	
Signature of Parent or Guardian			Date Signed		
Place	Street Address	City	By Vehicle	Walk/Bike	
Signature of Parent or Guardian			Date Signed		
Place	Street Address	City	By Vehicle	Walk/Bike	
Signature of Parent or Guardian			Date Signed		
Place	Street Address	City	By Vehicle	Walk/Bike	
Signature of Parent or Guardian			Date Signed		