



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	County
5539 Quivira Road		Shawnee	66216-1969	Johnson

_____ may go to the following locations off the premises **with** adult supervision:

First and Last Name of Child or Youth

Place All outside premises around atps building	Street Address 5539 Quivira Road	City Shawnee	By Vehicle	Walk/Bike Walk
Signature of Parent or Guardian			Date Signed	

Place Rooms 109, 111, 200 201, 216-219, Foyers	Street Address 5539 Quivira Road	City Shawnee	By Vehicle	Walk/Bike Walk
Signature of Parent or Guardian			Date Signed	

Place	Street Address	City	By Vehicle	Walk/Bike
Signature of Parent or Guardian			Date Signed	

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Place	Street Address	City	By Vehicle	Walk/Bike
Signature of Parent or Guardian			Date Signed	

FOR SCHOOL AGE CHILDREN OR YOUTH ONLY

I hereby authorize my **school age child** _____
First and Last Name of Child or Youth
Birth Date MM/DD/YYYY

To walk/bike to and from the following 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	