CCL. 034 Rev. 3/2020

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## **Kansas Department of Health and Environment**

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



Phone: 785-296-1270 Fax: 785-559-4244

Website: www.kdheks.gov/kidsnet

## PARENTAL PERMISSION FORM FOR OFF-PREMISES TRIPS

Name of the Facility (exactly as stated on the license)						License #		
Children's Learning Center Inc.						0018009-018		
Street Address of the Facility		City		Zip Code	County			
205 N. Michigan St.		Lawrence		66044 Doug		Douglas	<b>;</b>	
				•				
		go to the follow	ing locations	off the pre	mises	with adu	It supervision:	
First and Last Name of Child or	Youth							
Place walks within 1 mile of CLC	Street Address (205 N. Mich			By Vehicle		ehicle	Walk/Bike X	
Signature of Parent or Guardian	, ,				Date Signed			
Place	Street Address		City		By Vehicle		Walk/Bike	
Signature of Parent or Guardian	ignature of Parent or Guardian				Date Signed			
Signature of Parent of Guardian								
					r			
Place	Street Address	City		By Vehicle		Walk/Bike		
Signature of Parent or Guardian					Date Signed			
Place	Street Address	S	City		By V	ehicle	Walk/Bike	
Signature of Parent or Guardian					Date Signed			
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Place	Street Address		City		By Vo	ehicle	Walk/Bike	
Signature of Parent or Guardian					Date Signed			
Place	Street Address	S	City		By V	ehicle	Walk/Bike	
Signature of Parent or Guardian					Date Signed			
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Place	Street Address	S	City		By V	ehicle	Walk/Bike	
Signature of Parent or Guardian					Date Signed			

	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	Date Signed			
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Place	Street Address	City	By Vehicle	Walk/Bike	
Signature of Parent or Guardian	Date Signed				
			I		
	FOR SCHOOL AGE CHIL	DDEN OD VOLITH (			
	1 OK COLICOL ACE CITE	DILLIA OK TOOTTI	JNLT		
I hereby authorize my school age	child				
	e child First and Last Name	of Child or Youth		te MM/DD/YYYY	
	e childFirst and Last Name of wing location(s) without adult	of Child or Youth	Birth Da		
	e child First and Last Name	of Child or Youth		te MM/DD/YYYY  Walk/Bike	
To walk/bike to and from the follow	e childFirst and Last Name of wing location(s) without adult	of Child or Youth	Birth Da		
To walk/bike to and from the follow	e childFirst and Last Name of wing location(s) without adult	of Child or Youth	Birth Da		
To walk/bike to and from the follow	e childFirst and Last Name of wing location(s) without adult	of Child or Youth	Birth Da		
To walk/bike to and from the follow  Place  Signature of Parent or Guardian	First and Last Name of wing location(s) without adult  Street Address	of Child or Youth t supervision: City	By Vehicle  Date Signed	Walk/Bike	
To walk/bike to and from the follow  Place  Signature of Parent or Guardian  Place	First and Last Name of wing location(s) without adult  Street Address	of Child or Youth t supervision: City	Birth Da  By Vehicle  Date Signed  By Vehicle	Walk/Bike	
Signature of Parent or Guardian  Place	First and Last Name of wing location(s) without adult  Street Address	of Child or Youth t supervision: City	Birth Da  By Vehicle  Date Signed  By Vehicle	Walk/Bike	
Place Signature of Parent or Guardian  Place Signature of Parent or Guardian	First and Last Name of wing location(s) without adult  Street Address  Street Address	cof Child or Youth t supervision:    City	By Vehicle  Date Signed  By Vehicle  Date Signed	Walk/Bike Walk/Bike	
Place Signature of Parent or Guardian  Place Signature of Parent or Guardian  Place  Place	First and Last Name of wing location(s) without adult  Street Address  Street Address	cof Child or Youth t supervision:    City	By Vehicle  Date Signed  By Vehicle  Date Signed  By Vehicle	Walk/Bike Walk/Bike	
Place Signature of Parent or Guardian  Place Signature of Parent or Guardian  Place  Place	First and Last Name of wing location(s) without adult  Street Address  Street Address	cof Child or Youth t supervision:    City	By Vehicle  Date Signed  By Vehicle  Date Signed  By Vehicle	Walk/Bike Walk/Bike	