CCL. 034 **Kansas Department of Health and Environment**

Rev. 8/2013Bureau of Family Health

Child Care Licensing Program

1000 SW Jackson, Suite 200

Topeka, KS 66612-1274

Phone: 785-296-1270 Fax: 785-296-0803 Website: www.kdheks.gov/kidsnet

# PARENTAL PERMISSION FORM FOR OFF-PREMISES TRIPS

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of the Facility (exactly as stated on the license)**  **Basic Beginnings Preschool SACC** | Basic Beginnings Preschool SACC |  | **License #**  **0025626-008** | |
| **Street Address of the Facility**  **2111 N. Maize Rd** | **City**  **Wichita** | **Zip Code**  **67212** | | **County**  **Sedgwick** |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_may go to the following locations off the premises **with** adult supervision: **First and Last Name of Child or Youth**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Place**  **Acrobatic Academy** | **Street Address**  **2111 N. Maize Rd** | **City**  **Wichita** | **By Vehicle** | **Walk/Bike**  **X** |
| **Signature of Parent or Guardian** |  |  | **Date Signed** |  |
|  |  |  |  |  |
| **Place**  **Fit Physique** | **Street Address**  **2111 N. Maize Rd** | **City**  **Wichita** | **By Vehicle** | **Walk/Bike**  **X** |
| **Signature of Parent or Guardian** |  |  | **Date Signed** |  |
|  |  |  |  |  |