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**   |   |
|  |  |  |  |  |