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** |  |  | **License #** **0025626-010** |
| **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** **Dinosaur Park** | **Street Address**2999 N. Rock Road | **City**Derby  | **By Vehicle** **X** | **Walk/Bike**    |
| **Signature of Parent or Guardian**  |   |   | **Date Signed**   |   |
|  |  |  |  |  |
| **Place** **The Nat’l Weather Station** | **Street Address** 2142 S. Tyler Rd | **City** Wichita | **By Vehicle** **X**  | **Walk/Bike**   |
| **Signature of Parent or Guardian**  |   |   | **Date Signed**   |   |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Place** **Carousel Roller Skating** | **Street Address**312 N. West St | **City**Wichita | **By Vehicle** **X** | **Walk/Bike**    |
| **Signature of Parent or Guardian**  |   |   | **Date Signed**   |   |
|  |  |  |  |  |
| **Place** **The Arcade** | **Street Address** 139 N. Mead | **City** Wichita | **By Vehicle**  **X** | **Walk/Bike**   |
| **Signature of Parent or Guardian**  |   |   | **Date Signed**   |   |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Place** **Regal Warren West** | **Street Address**9150 W. 21st St. | **City**Wichita | **By Vehicle** **X** | **Walk/Bike**    |
| **Signature of Parent or Guardian**  |   |   | **Date Signed**   |   |
|   |  |  |  |  |
| **Place** **Exploration Place** | **Street Address** 300 N. McLeand Blvd | **City** Wichita | **By Vehicle**  **X** | **Walk/Bike**   |
| **Signature of Parent or Guardian**  |   |   | **Date Signed**   |   |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Place** **Laser Quest** | **Street Address**2120 N. Woodlawn St | **City**Wichita | **By Vehicle** **X** | **Walk/Bike**    |
| **Signature of Parent or Guardian**  |   |   | **Date Signed**   |   |
| **Place** **Wichita City Arts** | **Street Address** 334 N. Mead | **City** Wichita | **By Vehicle**  **X** | **Walk/Bike**   |
| **Signature of Parent or Guardian**  |   |   | **Date Signed**   |   |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Place** **West Acre Bowling** | **Street Address**749 N. Ridge Rd | **City**Wichita | **By Vehicle** **X** | **Walk/Bike**    |
| **Signature of Parent or Guardian**  |   |   | **Date Signed**   |   |
|   |  |  |  |  |
| **Place** **Wichita Ice Center** | **Street Address** 505 W. Maple St | **City** Wichita | **By Vehicle**  **X** | **Walk/Bike**   |
| **Signature of Parent or Guardian**  |   |   | **Date Signed**   |   |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Place** | **Street Address** | **City**Wichita | **By Vehicle** **X** | **Walk/Bike**    |
| **Signature of Parent or Guardian**  |   |   | **Date Signed**   |   |
|   |  |  |  |  |
| **Place**  | **Street Address**  | **City**  | **By Vehicle**  | **Walk/Bike**   |
| **Signature of Parent or Guardian**  |   |   | **Date Signed**   |   |