CCL. 034 Rev. 3/2017

## 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



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## PARENTAL PERMISSION FORM FOR OFF-PREMISES TRIPS

Name of the Facility (exactly as stated on the license)	License w
Marquette Learning Conter, Inc.  Street Address of the Facility City Zip Code	77252   County
310 N. Swadonia Marquette 6746	4 McPherson
may go to the following locations off the premises with adult supervision:  First and Last Name of Child or Youth	
City	By Vehicle (Walk)Bike
Place Street Address City Warguette	
Signature of Parent or Guardian	Date Signed
	Cont. II Dinition
Place Street Address City Marquette	By Vehicle (Walk)Bike
Signature of Parent or Guardian	Date Signed
	<u> </u>
Place Street Address City Micquelle	By Vehicle Walk/Bike
Signature of Parent or Guardian	Date Signed
Place Street Address City V. North Fine Fords 102 5.1 North Marchell	By Vehicle Walk/Bike
Signature of Parent or Guardian	Date Signed
	<u> </u>
Place Street Address City  Variable 1: March 21 D. I Denington Marche	By Vehicle Walk Bike
Signature of Parent or Guardian	Date Signed
Place Street Address City Marguelle Marguelle	By Vehicle Walk Bike
FIGURAL ROLL Signature of Parent or Guardian	Date Signed
Place Street Address City Mischell	By Vehicle Walk/Bike
Place MULTI - PUNDOSE ROYM 310 N. Sweethnica Miguette Signature of Parent or Guardian	Date Signed