

Permission Form for Children to go Off-Premises

Name of the Facility (exactly as stated on the license) Marquette Learning Center			License # 77252	
Street Address of the Facility 310 N. Swedonia		City Marquette	Zip Code 67464	County McPherson

_____ may go to the following locations off the premises with adult supervision:

First and Last Name of Child or Youth

Place Wolverine Sports Comp.	Street Address Harold St.	City Marquette	By Vehicle <input checked="" type="checkbox"/> Walk/Bike
Signature of Parent or Guardian			Date Signed

Place Pioneer Trail	Street Address Harold St.	City Marquette	By Vehicle <input checked="" type="checkbox"/> Walk/Bike
Signature of Parent or Guardian			Date Signed

Place City Park	Street Address Lincoln St.	City Marquette	By Vehicle <input checked="" type="checkbox"/> Walk/Bike
Signature of Parent or Guardian			Date Signed

Place Piper's	Street Address Washington St.	City Marquette	By Vehicle <input checked="" type="checkbox"/> Walk/Bike
Signature of Parent or Guardian			Date Signed

Place Marquette Library	Street Address 121 Washington	City Marquette	By Vehicle <input checked="" type="checkbox"/> Walk/Bike
Signature of Parent or Guardian			Date Signed

Place Eisenhower Park	Street Address Rodeo Grounds	City Marquette	By Vehicle <input checked="" type="checkbox"/> Walk/Bike
Signature of Parent or Guardian			Date Signed

Place Multi-Purpose Room	Street Address 310 N. Swedonia	City Marquette	By Vehicle <input type="checkbox"/>	<input checked="" type="checkbox"/> Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place MUMC	Street Address 404 W. 2nd St.	City Marquette	By Vehicle <input type="checkbox"/>	<input checked="" type="checkbox"/> Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place Elim Lutheran Church	Street Address 403 N. Lincoln	City Marquette	By Vehicle <input type="checkbox"/>	<input checked="" type="checkbox"/> Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place	Street Address	City	By Vehicle	Walk/Bike
Signature of Parent or Guardian			Date Signed	

For School Age Children or Youth Only

I hereby authorize my school age child

First and Last Name of Child or Youth

Birth Date MM/DD/YYYY

To walk/bike to and from the following location(s) without adult supervision:

Place	Street Address	City	By Vehicle	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place	Street Address	City	By Vehicle	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place	Street Address	City	By Vehicle	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place	Street Address	City	By Vehicle	Walk/Bike
Signature of Parent or Guardian			Date Signed	