CCL.034 Rev. 07/2024 Curtis State Office Building Kansas Department of Health and Environment 1000 SW Jackson, Suite 200 Topeka, KS 66612-1274

Phone: 785-296-1270 | Fax 785-559-4244

Email: kdhe.cclr@ks.gov | kdhe.ks.gov/Childcare Licensing



Permission Form for Children to go Off-Premises

Name of the Facility (supply)	ad an dea Casas	- 1					
Name of the Facility (exactly as stated on the license)			License #				
Marguette Lewning Street Address of the Facility	a Center		:		7 <i>7</i> 2	52	
Street Address of the Facility	,	City		Zip Code	County		
310 N. Swedonia		W	rrquette	4741	ey MCP	herson	
							
First and Last Name of Child or Youth			the following locations off the premises with adult supervision:				
Place Whiteine Sixtuas Comp.	Street Address	; (c)	City Mara	welle	By Vehicle	Walk/Bike	
Signature of Parent or Guardian					Date Signed		
				· · · · · · · · · · · · · · · · · · ·			
Place Piller Trail Signature of Parent or Guardian	Street Address		City Marqu	resse	By Vehicle	Walk/Bike	
Signature of Parent or Guardian					Date Signed		
Place CHU Park	Street Address	4	St. City Warau	effe	By Vehicle	Walk)Bike	
Signature of Parent or Guardian					Date Signed		
Place Pious	Street Address) St. Margu	uesse	By Vehicle	(Walk)Bike	
Signature of Parent or Guardian		J			Date Signed		
Place Wargulff Library	Street Address		on City Wara	nesse	By Vehicle	Walk/Bike	
Signature of Parent or Guardian		V	· · · · · · · · · · · · · · · · · · ·		Date Signed		
Place EISUNDWEY PAVK	Street Address	orol	inds Mara	ulste	By Vehicle	Walk/Bike	
Signature of Parent or Guardian			: 		Date Signed		

I TOTAL CONTROL OF THE CONTROL OF TH					
Place Multi-Purpose Room	Street Address	donia	City Wara Net fe	By Vehicle	(Walk)Bike
Signature of Parent or Guardian			The state of the s	Date Signed	
P	WEST CONTRACTOR OF THE CONTRAC				
Place MMMM(Street Address	1 St.	City Warauette	By Vehicle	(Walk/Bike
Signature of Parent or Guardian				Date Signed	
Place Elim Lutheran (hurd	Street Address	~ 10	city Marquette	By Vehicle	Walk/Bike
Signature of Parent or Guardian			14000	Date Signed	
			17 The William Lab		
Place	Street Address		City	By Vehicle	Walk/Bike
Signature of Parent or Guardian		:		Date Signed	
		: : :			
From .					
Fo I hereby authorize my school age c	r School Age C	hildren	or Youth Only		
l hereby authorize my school age c	hild	hildren	or Youth Only		
l hereby authorize my school age o	thild			Birth Date	e MM/DD/YYYY
I hereby authorize my school age of First and Last Name of Child or You Foundary the follow	thild uth ring location(s) witho		pervision:		
I hereby authorize my school age of First and Last Name of Child or You To walk/bike to and from the follow Place	thild			By Vehicle	e MM/DD/YYYY Walk/Bike
I hereby authorize my school age of First and Last Name of Child or You Foundary the follow	thild uth ring location(s) witho		pervision:		
I hereby authorize my school age of First and Last Name of Child or You Fower the follow Place Signature of Parent or Guardian	thild uth ring location(s) witho Street Address		pervision:	By Vehicle Date Signed	Walk/Bike
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