



PARENTAL PERMISSION FORM FOR OFF-PREMISES TRIPS

Name of the Facility (exactly as stated on the license)			License #	
Central Christian Daycare - Kids Kampus			500345-003	
Street Address of the Facility		City	Zip Code	County
1381 S. Main St		McPherson	67460	McPherson

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

First and Last Name of Child or Youth

Place RES (Roosevelt Elem School)	Street Address 800 S Walnut	City McPherson	By Vehicle x	Walk/Bike x
Signature of Parent or Guardian			Date Signed	

Place WES (Washington Elem School)	Street Address 128 N Park	City McPherson	By Vehicle x	Walk/Bike x
Signature of Parent or Guardian			Date Signed	

Place EES (Eisenhower Elem School)	Street Address 301 Wickersham	City McPherson	By Vehicle x	Walk/Bike x
Signature of Parent or Guardian			Date Signed	

Place LES (Lincoln Elem School)	Street Address 900 N Ash	City McPherson	By Vehicle x	Walk/Bike x
Signature of Parent or Guardian			Date Signed	

Place St. Joseph School	Street Address 520 E Northview	City McPherson	By Vehicle x	Walk/Bike x
Signature of Parent or Guardian			Date Signed	

Place McPherson Public Parks	Street Address within city limits	City McPherson	By Vehicle x	Walk/Bike x
Signature of Parent or Guardian			Date Signed	

Place YMCA	Street Address 200 N Walnut	City McPherson	By Vehicle x	Walk/Bike x
Signature of Parent or Guardian			Date Signed	

Place Public Library	Street Address 200 W Marlin	City McPherson	By Vehicle x	Walk/Bike x
Signature of Parent or Guardian			Date Signed	

Place City Pool	Street Address Euclid & Lakeside	City McPherson	By Vehicle x	Walk/Bike x
Signature of Parent or Guardian			Date Signed	

Place Ms. Wanda's House	Street Address 1272 19th Ave	City McPherson	By Vehicle x	Walk/Bike x
Signature of Parent or Guardian			Date Signed	

Place Central Christian College Campus	Street Address 1300 S Main	City McPherson	By Vehicle x	Walk/Bike x
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	