



PARENTAL PERMISSION FORM FOR OFF-PREMISES TRIPS

Name of the Facility (exactly as stated on the license)			License #	
Learn & Grow Child Care Center			0056796 -	
Street Address of the Facility	City	Zip Code	County	
1020 N. 2nd Ave.	Mulvane	KS	SG	

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

First and Last Name of Child or Youth

Place	Street Address	City	By Vehicle	Walk/Bike
Nature Walk	1020 N 2nd Ave	Mulvane		Walk
Signature of Parent or Guardian			Date Signed	

Place	Street Address	City	By Vehicle	Walk/Bike
Munson Primary School	1003 Westview	Mulvane		Walk
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	

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