Kansas Department of Health and EnvironmentBureau of Family HealthChild Care Licensing Program

Bureau of Family Health Child 1000 SW Jackson, Suite 200 Topeka, KS 66612-1274 Phone: 785-296-1270 Fax: 785-559-4244 Website: www.kdheks.gov/kidsnet



FORM D

PARENTAL PERMISSION FORM FOR OFF -PREMISES TRIPS

Name of the Facility (exactly as stated on the license)			Lice	ense #
Lenexa United Methodist Church Preschool/CDO			0000373-016	
Street Address of the Facility	City	Zip Code		County
9138 Caenen Lake Rd.	Lenexa	66215	5	Johnson

_may go to the following locations off the premises with adult supervision:

First and Last Name of Child or Youth

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

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

Place 2 nd Floor of Preschool Bldg.	Street Address	City	By Vehicle	Walk/ Bike
Signature of Parent or Guardian			Date Signed	

Place	Street Address	City	By Vehicle	Walk/ Bike
Room 121				
Signature of Parent or Guardian			Date Signed	•

Place Wesley Room in Church Building	Street Address	City	By Vehicle	Walk/ Bike
Signature of Parent or Guardian			Date Signed	

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