



PARENTAL PERMISSION FORM FOR OFF-PREMISES TRIPS

Name of the Facility (exactly as stated on the license) Women's Community Y Child Development Center			License # 0028765-010		
Street Address of the Facility 520 S. Broadway		City Leavenworth	Zip Code 66048	County LV	

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

First and Last Name of Child or Youth

Place Frontyard & Blacktop	Street Address 520 S. Broadway	City Leavenworth	By Vehicle	Walk/Bike X
Signature of Parent or Guardian			Date Signed	

Place Playground and surrounding area	Street Address 520 S. Broadway	City Leavenworth	By Vehicle	Walk/Bike X
Signature of Parent or Guardian			Date Signed	

Place Broadway from Spruce to Cherokee	Street Address Spruce & Cherokee	City Leavenworth	By Vehicle	Walk/Bike X
Signature of Parent or Guardian			Date Signed	

Place Leavenworth Public Library	Street Address 417 Spruce St.	City Leavenworth	By Vehicle X	Walk/Bike X
Signature of Parent or Guardian			Date Signed	

Place B & B Theaters	Street Address 225 Delaware St	City Leavenworth	By Vehicle X	Walk/Bike X
Signature of Parent or Guardian			Date Signed	

Place Wollman Pool & Park	Street Address 13th and Shawnee St	City Leavenworth	By Vehicle X	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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Signature of Parent or Guardian			Date Signed	

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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	