



PARENTAL PERMISSION FORM FOR OFF-PREMISES TRIPS

Name of the Facility (exactly as stated on the license) Christ Lutheran Early Education Center			License # 0007159-004	
Street Address of the Facility 11720 Nieman Road		City Overland Park	Zip Code 66210	County Johnson

**In the event of an emergency evacuation and/or a drill practicing an emergency evacuation.

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

First and Last Name of Child or Youth

Place Burlingame & Mock Vision	Street Address 11500 W. 119th	City Overland Park	By Vehicle	Walk/Bike Walk
Signature of Parent or Guardian			Date Signed	

Place Homestead of Overland Park	Street Address 11701 Nieman Road	City Overland Park	By Vehicle	Walk/Bike Walk
Signature of Parent or Guardian			Date Signed	

Place The Sheridan	Street Address 10300 Indian Cr. Pkwy	City Overland Park	By Vehicle	Walk/Bike Walk
Signature of Parent or Guardian			Date Signed	

**Students will walk throughout the campus of Christ Lutheran Church & Educ. Ctr. where school age children may be present while being supervised by CLEEEC staff.

Place Christ Lutheran Church	Street Address 11720 Nieman Road	City Overland Park	By Vehicle	Walk/Bike Walk
Signature of Parent or Guardian			Date Signed	

Place Christ Lutheran School	Street Address 11720 Nieman Road	City Overland Park	By Vehicle	Walk/Bike 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	

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	

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	

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	