



PARENTAL PERMISSION FORM FOR OFF-PREMISES TRIPS

Name of the Facility (exactly as stated on the license)			License #
Roeland Park Early Childhood Development Center			514-010
Street Address of the Facility	City	Zip Code	County
4850 Rosewood Drive	Roeland Park	66502	JO

_____ 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
RP ECDC Rooms 1-4 and 6	4850 Rosewood Dr	Roeland Park		X
Signature of Parent or Guardian			Date Signed	

Place	Street Address	City	By Vehicle	Walk/Bike
RP ECDC Front Lawn	4850 Rosewood Dr	Roeland Park		X
Signature of Parent or Guardian			Date Signed	

Place	Street Address	City	By Vehicle	Walk/Bike
RP ECDC Gazebo and lawn	4850 Rosewood Dr	Roeland Park		X
Signature of Parent or Guardian			Date Signed	

Place	Street Address	City	By Vehicle	Walk/Bike
Community Garden	behind RP Community Ctr	Roeland Park		X
Signature of Parent or Guardian			Date Signed	

Place	Street Address	City	By Vehicle	Walk/Bike
Price Chopper(emergency)	4950 Roe Blvd	Roeland Park		X
Signature of Parent or Guardian			Date Signed	

Place	Street Address	City	By Vehicle	Walk/Bike
RP Hiking Trail (beginning)	4850 Rosewood Dr	Roeland Park		X
Signature of Parent or Guardian			Date Signed	

Place	Street Address	City	By Vehicle	Walk/Bike
RP Pool Splash Pad	4850 Rosewood Dr	RP		X
Signature of Parent or Guardian			Date Signed	