



Dear CCNS families

Let us help!

For some, arrival times next year may be challenging. Carpooling with other families may assist with morning time constraints.

We'd like to help families match up with other families that would like to visit the carpooling option.

Please fill out the questionnaire below and submit to the CCNS office. We will compile the information and have it available for those who wish to carpool.

Thank you

Parent name _____

Child's name _____

Address _____

Phone # _____

Subdivision _____

I live close to this main intersection _____

My child will attend CCNS the following days: _____

I give permission for CCNS to share this information with other CCNS families wishing to organize a carpool.

Signature _____

Date _____