



CAR POOL FORM – SUMMER

This form should only be used if your child/children and the children of the other parents listed on this form are going home with each other on a daily basis. All families forming carpools must send Crestwood matching forms.

Last Name: _____ Phone Number: _____

Parent Name _____ Cell # _____

Parent Name _____ Cell # _____

Child 1 _____ Group (for office use)

Child 2 _____ Group (for office use)

Child 3 _____ Group (for office use)

I, _____, give permission for my child/children to be picked up in a daily carpool at the end of the camp day at Crestwood Country Day School during the summer of 2024.

1. _____ parent of _____
(adult first and last name) (child/children's name)

2. _____ parent of _____
(adult first and last name) (child/children's name)

3. _____ parent of _____
(adult first and last name) (child/children's name)

Parent's Signature: _____

Note: Please remember to inform the office in advance if your child is not going home with the carpool on a particular day. This will expedite our pick-up procedures and keep wait time to a minimum.

Return this form to Crestwood by fax or email, preferably by June 24, 2024. Our address and fax number is listed at the bottom of the page. We recommend keeping a copy for your records. If you have any questions, please call our office.

313 Round Swamp Road, Melville NY 11747 • Tel: 631 692-6361 • Fax: 631 692-6987