

SAMUEL FIELD Y +  
CENTRAL QUEENS Y ARE NOW



**COMMONPOINT  
QUEENS**  
Community happens here



# LUNAR NEW YEAR FULL DAY PROGRAM

Tuesday, 02/05/2019 🏮 8AM-6PM 🏮 Grades K- 7<sup>TH</sup>

Join us in celebrating the Lunar New Year at  
Commonpoint Queens' Sam Field Center  
with Games, Crafts, Friends & Fun!

Pick Up/Drop Off at

58-20 Little Neck Parkway, Little Neck, NY, 11362

- 🏮 \$65 for Current After School Families
- 🏮 \$70 for Non- Current After School Families

Pre-Registration is required. Please See Attached  
Please pack your child with a nut-free lunch; snack will be provided.

To register or get more information, please contact:

Rafeena Habibulla at 718-347-0597

E-mail: [rhabibulla@commonpointqueens.org](mailto:rhabibulla@commonpointqueens.org)

Or Julie Williams at 718-225-6750 x 216

E-mail: [jwilliams@commonpointqueens.org](mailto:jwilliams@commonpointqueens.org)

**Registration Form Attached**

# Full Day Holiday Program Registration Form

Child #1 Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Child #2 Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Please Choose:     Current After School Family     Non-current After School Family

Payment Method:    Cash \_\_\_\_\_     Check# \_\_\_\_\_

Credit Card # \_\_\_\_\_ exp: \_\_\_\_\_ Security code: \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_

Parent #1 Name: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Parent #2 Name: \_\_\_\_\_ Cell Phone#: \_\_\_\_\_

Parent Email: \_\_\_\_\_ Additional Phone #: \_\_\_\_\_

Emergency Contact (other than parent): \_\_\_\_\_ Phone #: \_\_\_\_\_

**Please Note:** We will be unable to provide refunds due to absence, illness, or necessary trip changes. Supervision will not be provided before 8:00 AM or after 6:00 PM, unless registered for the Commonpoint Queens' Extended Care. Pre-registration preferred. All trips are subject to minimum registration. All checks made payable to the Commonpoint Queens. Applicant hereby gives permission to the Commonpoint Queens for use of all digital media for the purpose of publication and/or on display on behalf of Commonpoint Queens.

In case of emergency, I hereby authorize the Commonpoint Queens to consult a doctor or hospital who (and whomever they may designate as their assistants) is hereby authorized to perform any emergency procedure or operation, to give treatment and the administration of an anesthetic to my child. **Please notify staff of any allergies or medical alerts prior to drop off.**

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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