



# FULL DAY HOLIDAY PROGRAMMING SPRING BREAK

Monday, April 22th-Thursday, April 25th

8am-6pm

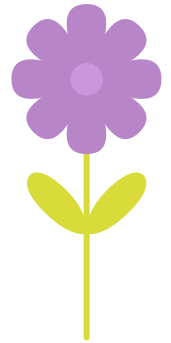
K-7th Grade

*Pick-up & Drop-off at the Sam Field Center  
58-20 Little Neck Parkway, Little Neck*

**\$70 per day for Current Afterschool families**

**\$75 for Non Afterschool Families**

**4 Day special: \$250 for current families, \$270 for non-current families**



Monday  
4/22

Pajama Day  
(In-House)

Tuesday  
4/23

KZAM  
Farmingdale,  
NY

Wednesday  
4/24

Day of  
Exploration  
(in-house)

Thursday  
4/25

BounceU  
Oceanside,  
NY

\*\*Trips are subject to adequate registration numbers. In the event of low registration, trip will be cancelled and an in-house day will be provided.

**To register or get more information, please contact:**

**Rafeena Habibulla at [RHabibulla@commonpointqueens.org](mailto:RHabibulla@commonpointqueens.org)**

**For program questions during spring break contact:**

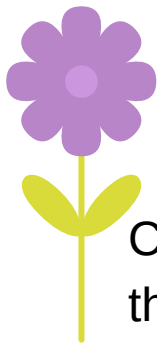
**Noam Goldhammer at [NGoldhammer@commonpointqueens.org](mailto:NGoldhammer@commonpointqueens.org)**

**Registration form attached.**

**\*\*Pre-registration with payment is required.\*\***

Please pack your child with a nut-free lunch. Kosher for Passover snack will be provided.





# Full Day Holiday Program Registration



Monday, 4/22

Tuesday 4/23

Circle all  
that apply:

Thursday, 4/25

Wednesday, 4/24

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 parents): \_\_\_\_\_ 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: \_\_\_\_\_

