

February Break Youth Holiday Programming

Programs for K - 6th Grade

(2/17, 2/18, 2/19, 2/20, 2/21)

★ MUST PACK a
KOSHER, PEANUT
FREE, LUNCH &
BEVERAGE

8:00 a.m. - 6:00 p.m.

Per Day:

\$70.00 After School Child /

Member Rate

\$75.00 Non-member Rate

Amount Due \$ _____

Credit Card # _____

Please do not put "Card on File"

Exp. Date _____ CVN _____

Entered

Charged _____ \$ _____

If you have any questions please contact
Ashley Lopez at:
718-268-5011 x 203 or at
YHP@commonpointqueens.org

<p>Monday Feb. 17th</p> <p>Swim, Gym, and Activities at Commonpoint Queens!</p> 	<p>Tuesday Feb. 18th</p> <p>Brooklyn Children's Museum</p> 	<p>Wednesday Feb. 19th</p> <p>At Play Amusement</p> 		
<p>Thursday Feb. 20th</p> <p>Swim, Gym, and Activities at Commonpoint Queens!</p> 	<p>Friday Feb. 21st</p> <p>Swim, Gym, and Activities at Commonpoint Queens!</p> 			
<p>Feb. 17th</p> <p><input type="checkbox"/></p> <p>Attending</p>	<p>Feb. 18th</p> <p><input type="checkbox"/></p> <p>Attending</p>	<p>Feb. 19th</p> <p><input type="checkbox"/></p> <p>Attending</p>	<p>Feb. 20th</p> <p><input type="checkbox"/></p> <p>Attending</p>	<p>Feb. 21st</p> <p><input type="checkbox"/></p> <p>Attending</p>

Child's Name : _____ Age : _____ Grade : _____ Gender : _____ D.O.B. : ____/____/____

Child's Name : _____ Age : _____ Grade : _____ Gender : _____ D.O.B. : ____/____/____

Caregiver's Name : _____ Preferred Phone # 1 : _____ Preferred Phone # 2 : _____

The following people have permission to pick my child up from the program : _____
(Please note all people listed must provide photo ID during pick up)

Does your child have any food allergies? _____ If so please list them : _____

Email Address : _____

If not already on our mailing lists, would you like to receive youth holiday programming emails & updates? _____

Signed : _____ Relationship : _____