

MILK Day

FULL DAY PROGRAM

Monday, January 20th • 8AM-6PM • K-7th Grade

Join us for a day "ON" of
**SERVICE, LEARNING, SNACKS,
CRAFTS, FRIENDS & FUN**

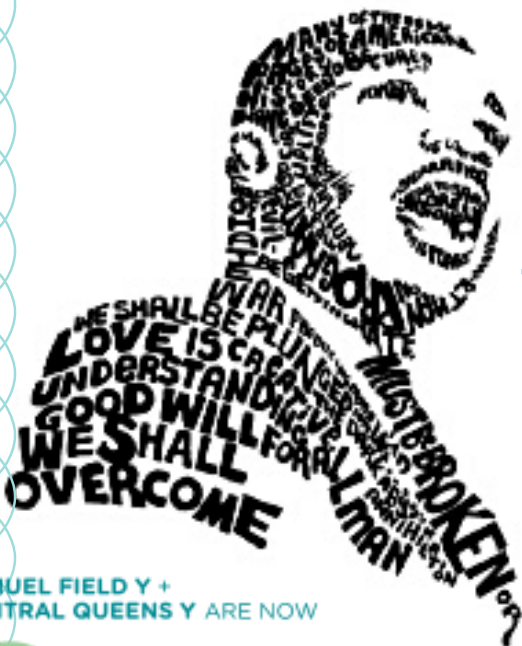
Drop-Off/Pick-Up at the
Sam Field Center 58-20 Little Neck Parkway

\$70 for Current Afterschool families
\$75 for Non Afterschool Families

Pre-registration with payment is required.
Pizza lunch & snacks will be provided.

To register or get more information,
please contact: Tiffany Lombardi at
TLombardi@commonpointqueens.org
Or by phone at 718-225-6750 x 296

Registration form attached.



SAMUEL FIELD Y +
CENTRAL QUEENS Y ARE NOW



**COMMONPOINT
QUEENS**
Community happens here



Full Day Holiday Program Registration

1/21/2020

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: _____

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