



ASDC'S WINTER RECESS FULL DAY PROGRAM

8AM-6PM * Grades K- 7TH



\$65 for Current After School Families | \$75 for Non- Current After School Families
Winter Special: \$300 for Current Families, \$350 for Non-Current Families
Pre-Registration is required.



Please pack your child with a lunch, snack will be provided.

To register or get more information, please contact:
Rafeena Habibulla at rhabibulla@commonpointqueens.org
Or Julie Williams at 718-225-6750 x 216 or jwilliams@commonpointqueens.org



CHECK WHICH APPLIES:		
<input type="checkbox"/> CURRENT AFTER SCHOOL FAMILY	<input type="checkbox"/> NON-CURRENT AFTER SCHOOL FAMILY	
<input type="checkbox"/>	* WINTER SPECIAL * : All 5 days listed below	
<input type="checkbox"/>	MONDAY 12/24	Kid's Holiday Party: Enjoy building gingerbread houses & warming up with hot chocolate! * PROGRAM CLOSSES AT 5PM / NO LATE STAY *
<input type="checkbox"/>	WEDNESDAY 12/26	Get pumped to bounce and play at PumpItUp!
<input type="checkbox"/>	THURSDAY 12/27	Enjoy a marionette puppet performance of <i>The Steadfast Tin Soldier & Nutcracker Sweets</i> at Puppetworks, Inc.
<input type="checkbox"/>	FRIDAY 12/28	See what's buzzin' around with friends at BillyBees!
<input type="checkbox"/>	MONDAY 12/31	Kid's NYE Party: Painting, pizza and fun! * PROGRAM CLOSSES AT 5PM / NO LATE STAY *

Payment Method: Credit Card #: _____ Cash: _____ Check# _____

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Name on Credit Card: _____ Exp Date: ____/____/____ Sec. Code: _____

Child #1 Name: _____ Grade: _____ Child #2 Name: _____ Grade: _____

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 or the purpose of publication and/or on display on behalf of the 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:** _____