



***Please note, in observance of Passover we are asking parents that lunch be bread free. Also all snack machines will be turned off and children will NOT be allowed to purchase food on trips. You must pack lunch for your child. If lunch is not provided your child will not be taken on the trip. Thank you for your cooperation.**

Spring Break



Programs for April 14th, 17th, & 18th 2014

For children in Kindergarten-6th Grade

Ask about our Pioneer Daycamp!
Space is limited!
Register Now!

For more information call
(718)-268-5011 x 202

Register during the week of mini camp and receive \$50 off per child!

Monday April 14th: Sportime U.S.A.

(Indoor Amusement Center)

Bring a kosher lunch and beverage

Eve of Passover 4:00 pm pick up Sharp! No late stay available



Extended Day Care

Early Arrival: 8:00-9:00 a.m.

Late Stay 5:00-6:00 p.m.

Extended Day Care Fee*

*per day, per child for all participants

- \$2.00 for early arrival
- \$2.00 for late pick up

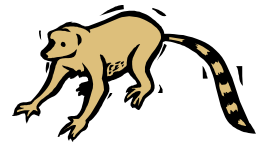
(extended care not available for:

Monday April 14th)

Thursday April 17th: Liberty Science Center

JMAX movie 'Island of Lemurs: Madagascar'

Bring a kosher for Passover lunch and beverage (No Bread)



Friday, April 18th : Movie "Rio 2" & Bowling

Bring a kosher for Passover lunch and beverage (No Bread)



- Please use a separate form for each child. NO REFUNDS without 24 hours notice. There will be a \$5.00 charge on all refunds. You may use your payment as a credit for another day if your child is unable to attend. All credit's must be used within 6 months.
- The Y is not responsible for personal property (such as DS gaming systems, toys, ipod's etc.) children bring to the programs. We strongly advise they not be brought.
- PHOTO/DIGITAL MEDIA RELEASE: Applicant hereby gives permission to the Central Queens Y for use of all digital media for the purpose of publication and/or on display on behalf of the Central Queens Y.

1st child: Child's Name _____ Age _____ Grade _____ Gender _____

2nd child: Child's Name _____ Age _____ Grade _____ Gender _____

Parent's Name _____ Cell #: _____ Home or Work#: _____

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

Address _____ City _____ State _____ Zip _____

Emergency Contact: _____ Relationship to child: _____ Tel: _____



Please circle days, rate, and check off if extended care is needed (\$55 only for Y members & Y After School participants)

April 14th Early Stay?___ (4PM PICK UP)
\$55 M / \$60 NM (*no late stay available)

April 17th Early Stay?___ Late Stay?___
\$55 M / \$60 NM

April 18th Early Stay?___ Late Stay?___
\$55 M / \$60 NM

Emergency Authorization Form [Must be signed by Parent or Guardian] : In case of emergency, I hereby authorize the doctor or hospital to which my child may be brought (and whomever they designate as their assistants) to perform any emergency procedures or to operate; to give treatment; and to administer an anesthetic to my child during his/her participation in the Y program.

ALL CREDIT CARD INFORMATION MUST BE FILLED OUT, EVEN IF YOUR CHILD ATTENDS ONE OF OUR AFTER SCHOOL PROGRAMS

Credit Card # _____ Exp. Date _____ CVN _____ Amount Paid \$ _____

Signed: _____ Relationship: _____

You can Fax or Email the form! (Att: Tamar Fix)
make checks payable to: Central Queens YM & YWHA

Central Queens YM & YWHA 67-09 108th St. Forest Hills NY 11375 T: (718) 268-5011 ext 203 F: (718) 793-0515 E: tfix@cqy.org