

Summer 2017

CAMP LILY

LEHIGH VALLEY
For campers with special needs



EASTERN PENNSYLVANIA

www.easterseals.com/esepe

CAMP LILY LEHIGH VALLEY

THE #1 CHOICE FOR SAFE SUMMER FUN!

CAMP LILY is a six-week summer day camp jam-packed with fun, safe activities for your child. The camp is dedicated to enriching the lives of campers through an atmosphere of caring, dedication, integration and acceptance.

Offered in a series of one-week sessions from July 3 through August 11, 2017, CAMP LILY is a busy place every day of the week. For summer 2016 we will continue to partner with the JCC Camp Kochavim on their extensive 55-acre property in Center Valley. The camp offers basketball courts, pool and locker room, an art room, large pavilions, and an indoor facility that is perfect for music, arts and crafts, and science exploration.

Our campers will experience the fun of an outdoor camp setting along with the Camp Kochavim campers. Field trips, barbecues, outdoor sports, and games will create a memorable and exciting summer camp experience. The staffing ratio is 1:3. TSS and other support staff are welcome.

Waiver Eligible Funding through the Office of Developmental Programs (ODP).

Download an application today at our website: easterseals.com/esepe

QUESTIONS?

Please contact Katelyn Marte at 610-289-0114 x402
kmarte@esepe.org



Transportation Sponsor



Camp Champion Sponsor

REGISTER TODAY!

Camp Dates

- WEEK 1:** July 3 – July 7 (off July 4)
- WEEK 2:** July 10 – July 14
- WEEK 3:** July 17 – July 21
- WEEK 4:** July 24 – July 28
- WEEK 5:** July 31 – August 4
- WEEK 6:** August 7 – August 11

Time:

Monday – Friday
9:00 a.m. – 3:00 p.m.

Location:

JCC Camp Kochavim
Chestnut Hill Road
Center Valley, Pa.

Cost:

\$228 WEEK 1
\$285 per week WEEKS 2-6

Camp Lily Lehigh Valley is for children ages 8 – young adult (over 21 as appropriate)

Easter Seals Eastern Pennsylvania provides exceptional services to people with disabilities and other special needs to ensure that they and their families maximize their potential and have equal opportunities to live, learn, work and play in their communities.

TO REGISTER, PLEASE FILL OUT THIS FORM AND MAIL IT WITH YOUR CHECK TO:
Easter Seals, Camp Lily Lehigh Valley, 1501 Lehigh Street, Suite 201, Allentown, PA 18103

Participant's Name: _____ Participant's Age: _____

Parent/Guardian Name: _____

Address _____

City, State and Zip: _____

Phone: _____ Email: _____

COST IS \$285 PER WEEK (\$228 WEEK 1): PLEASE CHECK WEEK OR WEEKS YOU WILL BE ATTENDING:

- Week 1 Week 2 Week 3 Week 4 Week 5 Week 6
- Enclosed is my check payable to Easter Seals Eastern PA for each week attending.
- I acknowledge that the cost per week is \$285 (\$228 WEEK 1)



Easter Seals Eastern Pennsylvania Program Application Summer 2017

Please check the desired programs and calculate the total cost

Growing Green	Camp Lily Berks	Camp Lily Lehigh Valley	Summer LEAP
Week-long overnight camp Sunday through Friday Ages 10 to young adult (over 21 as appropriate)	Week-long day camp Monday through Friday 9AM – 3PM Ages 8 to young adult (over 21 as appropriate)	Week-long day camp Monday through Friday 9AM – 3PM Ages 8 to young adult (over 21 as appropriate)	Week-long day program Monday through Friday 9AM – 2PM Ages 13-25
<input type="checkbox"/> Week 1: July 2 - 7 <input type="checkbox"/> Week 2: July 9 - 14 <input type="checkbox"/> Week 3: July 16 - 21 <input type="checkbox"/> Week 4: July 23 - 28 <input type="checkbox"/> Week 5: July 30 - Aug 4 <input type="checkbox"/> Week 6: Aug 6 – 11	<input type="checkbox"/> Week 1: July 3-7* <input type="checkbox"/> Week 2: July 10-14 <input type="checkbox"/> Week 3: July 17-21 <input type="checkbox"/> Week 4: July 24-28 <input type="checkbox"/> Week 5: July 31-Aug 4 <input type="checkbox"/> Week 6: Aug 7-11	<input type="checkbox"/> Week 1: July 3-7* <input type="checkbox"/> Week 2: July 10-14 <input type="checkbox"/> Week 3: July 17-21 <input type="checkbox"/> Week 4: July 24-28 <input type="checkbox"/> Week 5: July 31-Aug 4 <input type="checkbox"/> Week 6: Aug 7-11	Check one: <input type="checkbox"/> LEAP Berks <input type="checkbox"/> LEAP Lehigh Valley <input type="checkbox"/> Week 1: June 19-23 <input type="checkbox"/> Week 2: June 26-30 <input type="checkbox"/> Week 3: July 3-7* <input type="checkbox"/> Week 4: July 10-14 <input type="checkbox"/> Week 5: July 17-21
Check below to participate in: <input type="checkbox"/> Vocational experience	*Off July 4	*Off July 4	*Off July 4
<u>Cost:</u> Per week: \$1,250 Total # of weeks: x _____	<u>Cost:</u> Week 1 (\$228*) \$ _____ Week 2 (\$285) \$ _____ Week 3 (\$285) \$ _____ Week 4 (\$285) \$ _____ Week 5 (\$285) \$ _____ Week 6 (\$285) \$ _____	<u>Cost:</u> Week 1 (\$228*) \$ _____ Week 2 (\$285) \$ _____ Week 3 (\$285) \$ _____ Week 4 (\$285) \$ _____ Week 5 (\$285) \$ _____ Week 6 (\$285) \$ _____	<u>Cost:</u> Week 1 (\$447) \$ _____ Week 2 (\$447) \$ _____ Week 3 (\$358*) \$ _____ Week 4 (\$447) \$ _____ Week 5 (\$447) \$ _____
Total cost: \$ _____	Total cost: \$ _____	Total cost: \$ _____	Total cost: \$ _____

Balance Due (Transfer amounts from above)

Growing Green	\$		
Camp Lily Berks	\$		
Camp Lily Lehigh Valley	\$		
Summer LEAP	\$		
TOTAL DUE	\$	TOTAL ENCLOSED	\$

Billing Information

Participant's full name: _____

Payment source (check all that apply): ___ Private pay ___ FSS ___ Waiver ___ Easter Seals Scholarship ___ Other

If using funds from the Department of Human Services (ODP Waiver), please provide the following information:

Service Coordinator: _____ Phone number: _____

I certify that I fully understand that I am personally and completely responsible for any and all payment related to the services performed by Easter Seals. I understand that this responsibility for payment on my part includes any outside agency subsidies which are not forthcoming. I agree to pay any and all charges up to the full tuition amount for each week enrolled.

Parent/guardian signature: _____ Date: _____

FOR OFFICE USE ONLY

Date Registered: _____ Deposit Received: _____ Payment Received: _____ Sent to Allentown: _____



Easter Seals Eastern Pennsylvania

Program Application Summer 2017

Consumer Information

New Consumer Returning Consumer

Consumer's Name: _____ Sex: _____ Height: _____ Weight: _____
 Date of Birth: _____ Age: _____ Disability (required): _____
 Mailing Address: _____ City: _____ State: _____ Zip: _____
 County: _____ Home Phone: _____ Other Phone: _____
 Email: _____ (for ESEP news, alerts and updates)
 Group Home (if applicable): _____ Group Home Contact: _____
 Legal Guardian: _____ Home Phone: _____ Work Phone: _____
 Recent Illness/Injury: _____

#1 Responsible Party Information (Guardian or Individual to act as contact person for consumer)

Primary Contact Name: _____ Relationship to Consumer: _____
 Mailing Address: _____ City: _____ State: _____ Zip: _____
 Primary Phone: _____ Work Phone: _____ Other Phone: _____
 Occupation: _____ Employer: _____
 Employer Address: _____ Employer Phone: _____
 Secondary (Emergency) Contact Name: _____ Relationship to Consumer: _____
 Primary Phone: _____ Work Phone: _____ Other Phone: _____

#2 Responsible Party Information (Guardian or Individual to act as contact person for consumer)

Primary Contact Name: _____ Relationship to Consumer: _____
 Mailing Address: _____ City: _____ State: _____ Zip: _____
 Primary Phone: _____ Work Phone: _____ Other Phone: _____
 Occupation: _____ Employer: _____
 Employer Address: _____ Employer Phone: _____
 Secondary (Emergency) Contact Name: _____ Relationship to Consumer: _____
 Primary Phone: _____ Work Phone: _____ Other Phone: _____

INFORMATION REQUESTED IS CONFIDENTIAL AND FOR STATISTICAL PURPOSES ONLY

Primary Language: (Please check) English Spanish American Sign Language Other

Ethnic Heritage: (Please check all that apply)

African American Native American Asian/Pacific Islander
 Caucasian Hispanic or Latino
 Decline to Answer Non-Hispanic or Latino Other: _____

School District: _____ **Name of School:** _____

Total Number of People Living in Household: _____

For more information and/or to submit your application, please contact or mail to:

Easter Seals Eastern PA
1501 Lehigh St, Suite 201
Allentown, PA 18103-3880

Phone: 610-289-0114 x 402 Fax: 610-289-4282

Katelyn Marte
Email: kmarte@esep.org

Visit us online at:
www.easterseals.com/esep