



Camp Lily at Home Application

Consumer Information	<input type="checkbox"/> New Consumer	<input type="checkbox"/> 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: _____ Cell Phone: _____		
Occupation: _____ Employer: _____		
Employer Address: _____ Employer Phone: _____		
Secondary (Emergency) Contact Name: _____ Relationship to Consumer: _____		
Primary Phone: _____ Work Phone: _____ Cell 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: _____ Cell Phone: _____		
Occupation: _____ Employer: _____		
Employer Address: _____ Employer Phone: _____		
Secondary (Emergency) Contact Name: _____ Relationship to Consumer: _____		
Primary Phone: _____ Work Phone: _____ Cell 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: _____		

To submit your application, complete both pages of the form, sign electronically and email to camp@esep.org
For more information, contact Emily at 610-289-0114 x227 or email camp@esep.org



Camp Lily at Home Registration & Billing Information

Please check the desired sessions and calculate the total cost			
	Age 15-21 years	Age 8-14 years	
Week 1: May 4-8	<input type="checkbox"/> 10:00 am or <input type="checkbox"/> 6:00 pm	Not available	
Week 2: May 11-15	<input type="checkbox"/> 10:00 am or <input type="checkbox"/> 6:00 pm	Not available	
Week 3: May 18-22	<input type="checkbox"/> 10:00 am or <input type="checkbox"/> 6:00 pm	<input type="checkbox"/> 10:00 am or <input type="checkbox"/> 6:00 pm	
Week 4: May 25-29	<input type="checkbox"/> 10:00 am or <input type="checkbox"/> 6:00 pm	<input type="checkbox"/> 10:00 am or <input type="checkbox"/> 6:00 pm	
Week 5: June 1-5	<input type="checkbox"/> 10:00 am or <input type="checkbox"/> 6:00 pm	<input type="checkbox"/> 10:00 am or <input type="checkbox"/> 6:00 pm	
Week 6: June 8-12	<input type="checkbox"/> 10:00 am or <input type="checkbox"/> 6:00 pm	<input type="checkbox"/> 10:00 am or <input type="checkbox"/> 6:00 pm	
	<u>Cost:</u> Per week: \$46.60 Total # of weeks: _____ 1 week \$46.60 2 weeks \$93.20 3 weeks \$139.80 4 weeks \$186.40 5 weeks \$233.00 6 weeks \$279.60	<u>Cost:</u> Per week: \$46.60 Total # of weeks: _____ 1 week \$46.60 2 weeks \$93.20 3 weeks \$139.80 4 weeks \$186.40	
Balance Due <i>(Enter amount from above)</i>			
TOTAL DUE	\$ _____	TOTAL ENCLOSED	\$ _____
Billing Information			
Participant's full name: _____			
Payment source (check all that apply):			
<input type="checkbox"/> Private pay (see 1 below) <input type="checkbox"/> FSS (see 2 below) <input type="checkbox"/> Waiver (see 2 below) <input type="checkbox"/> Base (see 2 below)			
1. Private pay make checks payable to Easterseals Eastern PA. In the memo line, write Camp Lily at Home and the camper's first initial and last name. Mail checks to: <div style="text-align: center; margin-left: 100px;"> Easterseals Eastern PA 1501 Lehigh Street, Suite 201 Allentown, PA 18103. </div>			
2. If using FSS, waiver or base funds, please provide the following information: Service coordinator: _____ Phone: _____			
<i>I certify that I fully understand that I am personally and completely responsible for any and all payment related to the services performed by Easterseals. 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.</i>			
Parent/guardian signature: _____ Date: _____			
FOR OFFICE USE ONLY			
Date Registered: _____ Deposit Received: _____ Payment Received: _____			