

Summer 2017

# LEAP

Learning  
Enrichment  
And  
Partnerships

LEHIGH VALLEY



EASTERN PENNSYLVANIA

[www.easterseals.com/eseq](http://www.easterseals.com/eseq)

## LEAP Learning Enrichment And Partnerships LEHIGH VALLEY

A transition program for teens and young adults on the path to a rewarding and successful future

LEAP is a five-week summer community exploration program. Session activities will focus on career exploration through volunteering, visits to regional employers, resume development, interviewing skills, and development of social networks. Recreational activities in the community include swimming, sports, and field trips that provide opportunities for fun, learning and friendship. The sessions help to establish a greater sense of independence, and the opportunity to expand relationships with peers and potential employers.

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

Download an application today at our website: [easterseals.com/eseq](http://easterseals.com/eseq)

### QUESTIONS?

Please contact Katelyn Marte at 610-289-0114 x402

[kmarte@eseq.org](mailto:kmarte@eseq.org)

### REGISTER TODAY!

#### Session Dates

**Week 1:** June 19 – June 23

**Week 2:** June 26 – June 30

**Week 3:** July 3 – July 7 (off July 4)

**Week 4:** July 10 – July 14

**Week 5:** July 17 – July 21

#### Time:

Monday – Friday

9:00 a.m. – 2:00 p.m.

#### Cost:

\$447 per week

\$358 for week 3

*LEAP is for teens and young adults ages 13-25 living in the Lehigh Valley*

*LEAP volunteer and career exploration activities will be held at various locations.*

*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, LEAP, 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 \$447 (\$358 FOR WEEK 3) PER SESSION

Week 1  Week 2  Week 3  Week 4  Week 5

Enclosed is my check payable to Easter Seals Eastern PA.

I acknowledge that the cost per session is \$447 (\$358 for WEEK 3)