



## Program Application 2018-2019

### BERKS schedule

Please check the desired programs and calculate the total cost

| Hang Time  | Saturday Respite   |
|--|--|
| Fridays, 6:00 – 8:00PM<br>Age 12 to young adult (over 21 as appropriate)<br>Cost: \$150 per 8-week session<br><b>NEW Location:</b> Various activities in the community to be announced – a schedule will be provided<br><br>Select sessions:<br><br><input type="checkbox"/> Session 1: September 21, 2018 – November 9, 2018<br><br><input type="checkbox"/> Session 2: November 30, 2018 – January 25, 2019*<br>*No program on 12/28/18<br><br><input type="checkbox"/> Session 3: February 15, 2019 – April 5, 2019<br><br><u>Cost:</u><br>Session 1 \$150      \$ _____<br><br>Session 2 \$150      \$ _____<br><br>Session 3 \$150      \$ _____<br><br>Total cost:            \$ _____ | 10AM – 4PM<br>Ages 5 to young adult (over age 21 as appropriate)<br>Cost per session: \$84 first child, \$55 each additional child<br><br>Locations:<br>Sept 8 – Oct 27: Camp Lily, intersection of Angora & List Road<br>Nov 10 – Dec 15: Berks Nature, 575 St. Bernadine Street, Reading<br>Jan 12 – March 23: 11 <sup>th</sup> & Pike Rec Center, 1185 Pike Street, Reading<br>April 27 – June 1: Camp Lily, intersection of Angora & List Road<br><br>Select sessions and indicate number who will attend:<br><input type="checkbox"/> 9/8/18      # _____ <input type="checkbox"/> 1/26/19      # _____<br><input type="checkbox"/> 9/22/18      # _____ <input type="checkbox"/> 2/9/19      # _____<br><input type="checkbox"/> 10/13/18      # _____ <input type="checkbox"/> 2/23/19      # _____<br><input type="checkbox"/> 10/27/18      # _____ <input type="checkbox"/> 3/9/19      # _____<br><input type="checkbox"/> 11/10/18      # _____ <input type="checkbox"/> 3/23/19      # _____<br><input type="checkbox"/> 11/17/18      # _____ <input type="checkbox"/> 4/27/19      # _____<br><input type="checkbox"/> 12/8/18      # _____ <input type="checkbox"/> 5/11/19      # _____<br><input type="checkbox"/> 12/15/18      # _____ <input type="checkbox"/> 5/18/19      # _____<br><input type="checkbox"/> 1/12/19      # _____ <input type="checkbox"/> 6/1/19      # _____<br><br><u>Cost:</u><br>First child:            # of sessions _____ x \$84 = \$ _____<br><br>Additional children:<br># of children _____ x # of sessions _____ x \$55 = \$ _____<br><br><div style="text-align: right;">Total cost: \$ _____</div> |

| Balance Due <i>(Transfer amounts from above)</i> |           |                       |           |
|--|-----------|-----------------------|-----------|
| Hang Time  | \$        |                       |           |
| Saturday Respite                                 | \$        |                       |           |
| <b>TOTAL DUE</b>                                 | <b>\$</b> | <b>TOTAL ENCLOSED</b> | <b>\$</b> |

| Billing Information   |
|---|
| Participant's full name: _____<br><br><b>Payment source (check all that apply):</b><br><input type="checkbox"/> Private pay (see 1 below) <input type="checkbox"/> FSS <input type="checkbox"/> Waiver (see 2 below) <input type="checkbox"/> Other (see 3 below)<br>1. Private pay make checks payable to Easterseals Eastern PA.<br>2. If using waiver funds, please provide the following information:<br>Service coordinator: _____ Phone: _____ County: _____<br>3. If using Other sources, please provide the following information:<br>Source: _____<br><br>Billing address: _____ |

*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.*

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

| FOR OFFICE USE ONLY   |
|---|
| Date Registered: _____ Deposit Received: _____ Payment Received: _____ Sent to Allentown: _____ |



Program Application 2018-2019

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: 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:

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

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

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