



# 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 Age 12 to young adult (over 21 as appropriate) Cost: \$150 per 8-week session Location: Sinking Spring YMCA, 4920 Penn Ave., Reading  Select sessions:  <input type="checkbox"/> Session 1: September 21, 2018 – November 9, 2018  <input type="checkbox"/> Session 2: November 30, 2018 – January 25, 2019* *No program on 12/28/18  <input type="checkbox"/> Session 3: February 15, 2019 – April 5, 2019  <u>Cost:</u> Session 1 \$150      \$ _____  Session 2 \$150      \$ _____  Session 3 \$150      \$ _____  Total cost:            \$ _____	10AM – 4PM Ages 5 to young adult (over age 21 as appropriate) Cost per session: \$84 first child, \$55 each additional child  Locations: a schedule will be provided Fall: Camp Lily, intersection of Angora & List Road Winter & Spring: Berks Nature, 575 St. Bernadine Street, Reading  Select sessions and indicate number who will attend: <input type="checkbox"/> 9/8/18      # _____ <input type="checkbox"/> 1/26/19      # _____ <input type="checkbox"/> 9/22/18     # _____ <input type="checkbox"/> 2/9/19      # _____ <input type="checkbox"/> 10/13/18    # _____ <input type="checkbox"/> 2/23/19    # _____ <input type="checkbox"/> 10/27/18    # _____ <input type="checkbox"/> 3/9/19      # _____ <input type="checkbox"/> 11/10/18    # _____ <input type="checkbox"/> 3/23/19    # _____ <input type="checkbox"/> 11/17/18    # _____ <input type="checkbox"/> 4/13/19    # _____ <input type="checkbox"/> 12/8/18     # _____ <input type="checkbox"/> 4/27/19    # _____ <input type="checkbox"/> 12/15/18   # _____ <input type="checkbox"/> 5/11/19    # _____ <input type="checkbox"/> 1/12/19     # _____ <input type="checkbox"/> 5/18/19    # _____  <u>Cost:</u> First child:            # of sessions _____ x \$84 = \$ _____  Additional children: # of children _____ x # of sessions _____ x \$55 = \$ _____  <div style="text-align: right;">Total cost: \$ _____</div>

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

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