



Program Application 2018-2019

LEHIGH VALLEY schedule

Please check the desired programs and calculate the total cost

Hangin' Out	Saturday Respite																		
<p>Thursday evenings, 6:00 – 8:00PM NEW TIME! Age 12 to young adult (over 21 as appropriate) Cost: \$252 per 9-week session Location: To be announced - a calendar will be provided</p> <p>Select sessions:</p> <p><input type="checkbox"/> Session 1: September 20, 2018 – November 15, 2018</p> <p><input type="checkbox"/> Session 2: November 29, 2018 – January 31, 2019* *No program on 12/27/18</p> <p><input type="checkbox"/> Session 3: February 14, 2019 – April 4, 2019</p> <p><u>Cost:</u></p> <p>Session 1 \$252 \$ _____</p> <p>Session 2 \$252 \$ _____</p> <p>Session 3 \$252 \$ _____</p> <p>Total cost: \$ _____</p>	<p>10AM – 4PM Ages 5 to young adult (over age 21 as appropriate) Cost per session: \$84 first child, \$55 each additional child Location: Jewish Community Center, 702 N. 22nd St., Allentown</p> <p>Select sessions and indicate number who will attend:</p> <table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> 9/8/18 # _____</td> <td><input type="checkbox"/> 1/26/19 # _____</td> </tr> <tr> <td><input type="checkbox"/> 9/22/18 # _____</td> <td><input type="checkbox"/> 2/9/19 # _____</td> </tr> <tr> <td><input type="checkbox"/> 10/13/18 # _____</td> <td><input type="checkbox"/> 2/23/19 # _____</td> </tr> <tr> <td><input type="checkbox"/> 10/27/18 # _____</td> <td><input type="checkbox"/> 3/9/19 # _____</td> </tr> <tr> <td><input type="checkbox"/> 11/10/18 # _____</td> <td><input type="checkbox"/> 3/23/19 # _____</td> </tr> <tr> <td><input type="checkbox"/> 11/17/18 # _____</td> <td><input type="checkbox"/> 4/13/19 # _____</td> </tr> <tr> <td><input type="checkbox"/> 12/8/18 # _____</td> <td><input type="checkbox"/> 4/27/19 # _____</td> </tr> <tr> <td><input type="checkbox"/> 12/15/18 # _____</td> <td><input type="checkbox"/> 5/11/19 # _____</td> </tr> <tr> <td><input type="checkbox"/> 1/12/19 # _____</td> <td><input type="checkbox"/> 5/18/19 # _____</td> </tr> </table> <p><u>Cost:</u></p> <p>First child: # of sessions _____ x \$84 = \$ _____</p> <p>Additional children:</p> <p># of children _____ x # of sessions _____ x \$55 = \$ _____</p> <p style="text-align: right;">Total cost: \$ _____</p>	<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 # _____
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Balance Due <i>(Transfer amounts from above)</i>			
Hangin' Out	\$		
Saturday Respite	\$		
TOTAL DUE	\$	TOTAL ENCLOSED	\$

Billing Information

Participant's full name: _____

Payment source (check all that apply):

Private pay (see 1 below) FSS Waiver (see 2 below) 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 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

Phone: 610.289.0114 x209 Fax: 610.289.4282

Emily Gonda
Email: egonda@esep.org

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