



Easter Seals Eastern Pennsylvania Program Application Summer 2017

Please check the desired programs and calculate the total cost

Growing Green	Camp Lily Berks	Camp Lily Lehigh Valley	Summer LEAP
Week-long overnight camp Sunday through Friday Ages 10 to young adult (over 21 as appropriate) <input type="checkbox"/> Week 1: July 2 - 7 <input type="checkbox"/> Week 2: July 9 - 14 <input type="checkbox"/> Week 3: July 16 - 21 <input type="checkbox"/> Week 4: July 23 - 28 <input type="checkbox"/> Week 5: July 30 - Aug 4 <input type="checkbox"/> Week 6: Aug 6 - 11 Check below to participate in: <input type="checkbox"/> Vocational experience <u>Cost:</u> Per week: \$1,250 Total # of weeks: x _____ Total cost: \$ _____	Week-long day camp Monday through Friday 9AM – 3PM Ages 8 to young adult (over 21 as appropriate) <input type="checkbox"/> Week 1: July 3-7* <input type="checkbox"/> Week 2: July 10-14 <input type="checkbox"/> Week 3: July 17-21 <input type="checkbox"/> Week 4: July 24-28 <input type="checkbox"/> Week 5: July 31-Aug 4 <input type="checkbox"/> Week 6: Aug 7-11 *Off July 4 <u>Cost:</u> Week 1 (\$228*) \$ _____ Week 2 (\$285) \$ _____ Week 3 (\$285) \$ _____ Week 4 (\$285) \$ _____ Week 5 (\$285) \$ _____ Week 6 (\$285) \$ _____ Total cost: \$ _____	Week-long day camp Monday through Friday 9AM – 3PM Ages 8 to young adult (over 21 as appropriate) <input type="checkbox"/> Week 1: July 3-7* <input type="checkbox"/> Week 2: July 10-14 <input type="checkbox"/> Week 3: July 17-21 <input type="checkbox"/> Week 4: July 24-28 <input type="checkbox"/> Week 5: July 31-Aug 4 <input type="checkbox"/> Week 6: Aug 7-11 *Off July 4 <u>Cost:</u> Week 1 (\$228*) \$ _____ Week 2 (\$285) \$ _____ Week 3 (\$285) \$ _____ Week 4 (\$285) \$ _____ Week 5 (\$285) \$ _____ Week 6 (\$285) \$ _____ Total cost: \$ _____	Week-long day program Monday through Friday 9AM – 2PM Ages 13-25 Check one: <input type="checkbox"/> LEAP Berks <input type="checkbox"/> LEAP Lehigh Valley <input type="checkbox"/> Week 1: June 19-23 <input type="checkbox"/> Week 2: June 26-30 <input type="checkbox"/> Week 3: July 3-7* <input type="checkbox"/> Week 4: July 10-14 <input type="checkbox"/> Week 5: July 17-21 *Off July 4 <u>Cost:</u> Week 1 (\$447) \$ _____ Week 2 (\$447) \$ _____ Week 3 (\$358*) \$ _____ Week 4 (\$447) \$ _____ Week 5 (\$447) \$ _____ Total cost: \$ _____

Balance Due (Transfer amounts from above)

Growing Green	\$		
Camp Lily Berks	\$		
Camp Lily Lehigh Valley	\$		
Summer LEAP	\$		
TOTAL DUE	\$	TOTAL ENCLOSED	\$

Billing Information

Participant's full name: _____

Payment source (check all that apply): ___ Private pay ___ FSS ___ Waiver ___ Easter Seals Scholarship ___ Other

If using funds from the Department of Human Services (ODP Waiver), please provide the following information:

Service Coordinator: _____ Phone number: _____

I certify that I fully understand that I am personally and completely responsible for any and all payment related to the services performed by Easter Seals. 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: _____



Easter Seals Eastern Pennsylvania

Program Application Summer 2017

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: _____ Other Phone: _____
 Occupation: _____ Employer: _____
 Employer Address: _____ Employer Phone: _____
 Secondary (Emergency) Contact Name: _____ Relationship to Consumer: _____
 Primary Phone: _____ Work Phone: _____ Other 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: _____ Other Phone: _____
 Occupation: _____ Employer: _____
 Employer Address: _____ Employer Phone: _____
 Secondary (Emergency) Contact Name: _____ Relationship to Consumer: _____
 Primary Phone: _____ Work Phone: _____ Other 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:

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

Phone: 610-289-0114 x 402 Fax: 610-289-4282

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