



# BERKS Hang Time

For teens and young adults with special needs



2016-2017



EASTERN PENNSYLVANIA

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

## BERKS HangTime

Evening Recreation Program for kids age 12 through young adult

Kids will enjoy making new friends and spending time with others in a safe, nurturing, supportive environment, while parents enjoy an evening of respite.

In Fall 2016 we will continue to meet at the Sinking Spring Family YMCA

Join us at the Sinking Spring Family YMCA for an evening of fun activities with access to the Y's state-of-the-art amenities. Basketball, soccer, kickball and yoga are some of the exciting activities that are planned.

The program is staffed by young adults with the skills and training to provide the behavioral, developmental and communication support necessary for the success of all participants. The staffing ratio is 1:3. TSS and other support staff are welcome.

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

### QUESTIONS?

Please contact Katelyn Olah  
610-775-1431 ext. 402  
[kolah@esepe.org](mailto:kolah@esepe.org)

### REGISTER TODAY!

**Session Dates:**

**Session 1:** 9/23 - 11/11  
Sinking Spring YMCA

**Session 2:** 12/16 - 2/3  
Sinking Spring YMCA

**Session 3:** 3/3 - 4/21  
Sinking Spring YMCA

**Time:**

6:00-8:00 p.m. Friday Nights

**Location:**

**Sinking Spring Family YMCA**  
4920 Penn Avenue  
Sinking Spring, PA 19608

**Cost:**

\$150 for each 8-week session

*Berks Hang Time is for kids age 12 through young adult  
Individuals age 21+ are welcome*

*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, Berks Hang Time, 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 \$150 PER SESSION: PLEASE CHECK SESSION OR SESSIONS YOU WILL BE ATTENDING:

- Session 1     Session 2     Session 3     Enclosed is my check payable to Easter Seals Eastern PA for each session attending.
- I acknowledge that the cost per session is \$150



# Easter Seals Eastern Pennsylvania Program Application 2016-2017

## BERKS Schedule

Please check the desired programs and calculate the total cost

Hang Time	Saturday Respite																		
<p>Friday evenings, 6:00 – 8:00PM 8-week session costs \$150 For teens/young adults</p> <p><input type="checkbox"/> Session 1: September 23, 2016 – November 11, 2016 Location: Sinking Spring YMCA</p> <p><input type="checkbox"/> Session 2: December 16, 2016 – February 3, 2017 Location: Sinking Spring YMCA</p> <p><input type="checkbox"/> Session 3: March 3, 2017 – April 21, 2017 Location: Sinking Spring YMCA</p> <p><u>Cost:</u> Session 1 \$150      \$ _____ Session 2 \$150      \$ _____ Session 3 \$150      \$ _____ Total cost:            \$ _____</p>	<p>10AM – 4PM Cost per session \$65 first child, \$55 each additional child Ages 5 and older plus potty-trained siblings</p> <p>Locations: 9/17/16 – 10/22/16 Camp Lily, intersection of Angora &amp; List Road 11/12/16 – 3/25/17 Olivet Boys &amp; Girls Club, 1161 Pershing Blvd. 4/8/17 – 5/27/17 Camp Lily, intersection of Angora &amp; List Road</p> <p>Select sessions and indicate number who will attend:</p> <table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> 9/17/16    # _____</td> <td><input type="checkbox"/> 1/28/17    # _____</td> </tr> <tr> <td><input type="checkbox"/> 9/24/16    # _____</td> <td><input type="checkbox"/> 2/11/17    # _____</td> </tr> <tr> <td><input type="checkbox"/> 10/8/16    # _____</td> <td><input type="checkbox"/> 2/25/17    # _____</td> </tr> <tr> <td><input type="checkbox"/> 10/22/16   # _____</td> <td><input type="checkbox"/> 3/11/17    # _____</td> </tr> <tr> <td><input type="checkbox"/> 11/12/16   # _____</td> <td><input type="checkbox"/> 3/25/17    # _____</td> </tr> <tr> <td><input type="checkbox"/> 11/26/16   # _____</td> <td><input type="checkbox"/> 4/8/17     # _____</td> </tr> <tr> <td><input type="checkbox"/> 12/10/16   # _____</td> <td><input type="checkbox"/> 4/22/17    # _____</td> </tr> <tr> <td><input type="checkbox"/> 12/17/16   # _____</td> <td><input type="checkbox"/> 5/13/17    # _____</td> </tr> <tr> <td><input type="checkbox"/> 1/14/17    # _____</td> <td><input type="checkbox"/> 5/27/17    # _____</td> </tr> </table> <p><u>Cost:</u> First child:            # of sessions _____ x \$65 = \$ _____ Additional children: # of children _____ x # of sessions _____ x \$55 = \$ _____  Total cost: \$ _____</p>	<input type="checkbox"/> 9/17/16    # _____	<input type="checkbox"/> 1/28/17    # _____	<input type="checkbox"/> 9/24/16    # _____	<input type="checkbox"/> 2/11/17    # _____	<input type="checkbox"/> 10/8/16    # _____	<input type="checkbox"/> 2/25/17    # _____	<input type="checkbox"/> 10/22/16   # _____	<input type="checkbox"/> 3/11/17    # _____	<input type="checkbox"/> 11/12/16   # _____	<input type="checkbox"/> 3/25/17    # _____	<input type="checkbox"/> 11/26/16   # _____	<input type="checkbox"/> 4/8/17     # _____	<input type="checkbox"/> 12/10/16   # _____	<input type="checkbox"/> 4/22/17    # _____	<input type="checkbox"/> 12/17/16   # _____	<input type="checkbox"/> 5/13/17    # _____	<input type="checkbox"/> 1/14/17    # _____	<input type="checkbox"/> 5/27/17    # _____
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<b>Balance Due</b> (Transfer amounts from above)			
Hang Time	\$		
Saturday Respite	\$		
<b>TOTAL DUE</b>	\$	<b>TOTAL ENCLOSED</b>	\$

Billing Information
<p>Participant's full name: _____</p> <p>Payment source (check all that apply):    <input type="checkbox"/> Private pay    <input type="checkbox"/> FSS    <input type="checkbox"/> Waiver    <input type="checkbox"/> Other</p> <p>If using funds from the Department of Human Services (ODP Waiver) or FSS funds, please provide the following:</p> <p>County: _____</p> <p>Service Coordinator: _____ Phone number: _____</p> <p>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 amount for each session enrolled.</p> <p>Parent/guardian signature: _____ Date: _____</p>

<p><b>FOR OFFICE USE ONLY</b></p> <p>Date Registered: _____ Deposit Received: _____ Payment Received: _____ Sent to Allentown: _____</p>
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# Easter Seals Eastern Pennsylvania

## Program Application 2016-2017

### 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

Katelyn Marte  
 Email: [kmarte@esep.org](mailto:kmarte@esep.org)

Visit us online at:  
[www.easterseals.com/esep](http://www.easterseals.com/esep)