



Literacy Empowerment Action Plan of WNY



September 6, 2016

Dear Parents,

LEAP of WNY is proud to offer our academic tutoring program called LEAP~ASAP once again at no cost to students who attend any school in the Ken-Ton School District. The program is made available by a generous grant from the United Way. Applications are due by September 22, 2016 and can be mailed or dropped off to our office in the Sheridan Parkside Community Center (address below). Children who attend the Town's afterschool program at the Community Center are encouraged to attend. We encourage you to submit your application early because enrollment is limited. Questions can be directed to me at gillian@leapofwny.org or 873-0429.

Sincerely,

Dr. Gillian Richardson, Executive Director

LEAP~ASAP (Academic Support Assistance Program)

LEAP~ASAP provides assistance with reading, writing, and homework for students in grades K-6. Instruction is one-to-one or in small groups and students experience a variety of learning activities based on their needs and interests. This program is supported by a grant from the United Way of Buffalo & Erie County.

Where: LEAP's Powerful Literacy Center & Children's Library, Sheridan Parkside Community Center, 169 Sheridan Parkside Drive, Room 103, Tonawanda, NY 14150 phone: 873-0429

When: September 27 – November 17, 2016 (no class on TH, October 6 – Ken-Ton ½ day)
Tuesday **OR** Thursday (your choice of one)

Time: 3:45-4:45pm

Cost: Free for students attending a school in the Ken-Ton School District. There is a \$20 refundable deposit required for students who do not attend Ken-Ton schools. The \$20 deposit will be refunded in full at the end of the program when parents supply a copy of their child's report card.

Please make checks payable to LEAP of WNY. **Registration closes September 22, 2016**
MAIL TO: LEAP, 169 SHERIDAN PARKSIDE DR., ROOM 103, TONAWANDA, NY 14150

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Program Choice (choose one): Tuesday **OR** Thursday
Ken-Ton UFSD Student? () yes () no **\$20 Refundable Deposit is Enclosed?** () yes () no

Child's Name: _____ DOB: _____ Grade: _____

School: _____ Reading Level (put ? if unknown): _____ Child's Learning Difficulty: _____

Parent/Guardian Name _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____ Email: _____

Emergency Contact Name: _____ Relationship: _____ Phone _____

I give permission to LEAP to use photos taken in class in their reports and materials _____yes _____no

I give permission to LEAP to access my child's report card and ELA scores _____yes _____no

Medical conditions we need to be aware of (e.g. food allergies) _____

Parent Signature: _____ Date: _____

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