# Literacy Empowerment Action Plan of WNY

January 23, 2017

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 February 16, 2017* 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

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## LEAP~ASAP  (*A*cademic *S*upport *A*ssistance *P*rogram)

**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**:   February 28  – April 27, 2017   (no class during Ken-Ton Spring Break – April 11 & 13)
Tuesday  **OR**  Thursday  (**your choice of one**)

**Time**:    4:15 – 5:15pm

**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 February 16, 2017**
MAIL TO: LEAP, 169 SHERIDAN PARKSIDE DR., ROOM 103, TONAWANDA, NY 14150

### **CUT AND SAVE TOP PORTION**

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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:_____