

Offered through LEAP of WNY (Literacy Empowerment Action Plan of WNY, Inc.)

Where:

LEAP of WNY Office -Philip Sheridan Building, 3200 Elmwood Avenue, Room 214
Buffalo, NY 14217

* Freedom Writers Program meets at the Sheridan Parkside Community Center library, 169 Sheridan Parkside Drive.

How to Register:

Registration is by mail only*. Detach, complete, and mail the registration form to LEAP’s office. **Please enclose a self-addressed, stamped envelope.** Enrollment is limited and early registration is encouraged to prevent disappointment.

* Registration for the Freedom Writers Program will also be on January 12 from 7:00-8:30pm during a showing of a documentary about the Freedom Writers in the Sheridan Parkside Community Center auditorium. Parents and teens are encouraged to attend.

A \$50 deposit FOR EACH PROGRAM must accompany registration. Full payment for each program must be received PRIOR to the start of each program unless other arrangements have been made.

Make checks payable to LEAP of WNY. Credit/debit cards are not accepted. Refunds are subject to a \$20 processing fee. No refunds will be issued for cancellation unless made prior to two weeks of the start of the program.

Other Services:

See our web site at www.leapofwny.org or call LEAP’s office at 873-0429.

LEAP Programs Registration Form

Mail with payment to: LEAP of WNY, 3200 Elmwood Avenue, Room 214, Buffalo, NY 14217

Sessions: Students registering for the Reading Rally Program must also register for the Literacy Assessment Program.

Payment: (Indicate amount enclosed) _____
A \$50.00 deposit FOR EACH PROGRAM must accompany registration. Full payment for EACH PROGRAM must be received PRIOR to the start of each program. Make checks payable to LEAP of WNY.

Check Program(s) Desired:

- Literacy Assessment Date _____ Time _____
- Reading Rally () Thursday () Saturday () both
- Academic Tutoring () Thursday () Saturday () both
- Freedom Writers (sign below)*
Sheridan Parkside Resident () Yes () No

Child’s Name _____ Age _____ Birthdate _____ Grade _____ Sex _____

Full Address _____ City _____ Zip _____

Parent/Guardian’s Name _____ Emergency Contact (Name and Phone Number) _____

Home Phone _____ Cell Phone _____ Work Phone _____ Email _____

* Freedom Writers Parent Permission: I understand that the *Freedom Writers Diary* contains sensitive subject matter and am giving my permission for my child to participate: _____

(Parent’s Signature)