

Damon's Center is planning to offer latchkey childcare services for children with autism after school and when school is closed (non-snow emergencies). Information and enrollment packets can be picked up at 17101 Albion, Detroit, Mi 48234 or by calling Damon's House Inc. @(313) 245-2731 or DHC Management @ (313) 527-8222.

Executive Director: Clara Newman

Program Leaders: Sona Green and Joan Hawthorne

Hours of operation: 2:00 p.m. - 6:00 p.m. (School Days Only)

Non-School Days hours of Operation: 7:00 a.m. - 6:00 p.m.
(Not Available On The Weekend)

PROGRAM SCHEDULE:

A.M. Schedule:

7:00--7:30	Quiet Time Arrival / Attendance Taken
7:30--8:30	Active Play / Table games
8:30 - 9:00	Restroom break / Breakfast
9:00--11:30	TV Time / GYM / EDUCATIONAL GAMES
11:30--12:30	Lunch Time
12:30 - 2:00	Quiet play -- Table games & My-Time
2:00 - 2:30	Transition to afternoon Program

P.M. Schedule:

2:30--4:30	Arrival & Attendance Taken (half hour intervals)
2:30--4:30	Restroom break & Snack
4:30--5:35	Play Time—Inter Active Play /Table Games
5:30 - 6:00	Parent arrival for pick-up -- Closing time
6:00--7:00	Clean-up -- Late pick-up fee is charged

PROGRAM GUIDELINES:

Enrollment application must be completely filled out and on file before a child may enter Damon Centers. This also includes a physical exam on the Health Department form.

The Children Latchkey Therapeutic Social/ Recreational program is designed to provide comprehensive social/recreational experiences for children with a primary diagnosis of autism. The primary focus is on social/recreational activities with a major emphasis on maximizing adaptive capabilities, ameliorating challenging behaviors, and normalization through regularly scheduled support/services and family education.

It is community based, explores and promotes the theory of inter-psychic skills that allows acceptance of those persons who are least understood in society, i.e. persons with special needs. It ascribes to the belief that each person can achieve an improved level of functioning through the provision of individualized programming that is consistently extended in a safe environment. The program is based on the theory that social interaction creates a context for helping people to develop their personal competencies, promote acceptance and enhance self-esteem which leads to a health self-concept.

WHO IS ELIGIBLE:

Damon's Center Latchkey Program provides Therapeutic Social/ Recreational program services for:

- Children who are developmentally challenged with a primary diagnosis of autism.
- Between the ages of 3 -25 years of age.
- Minimum Life Management Skills Training.

FEES:

An annual registration fee of \$25.00/\$50.00 must be paid at the time of enrollment. This fee is non-refundable. When approved for the program first week's fee must be paid in advance. If the child terminates and re-enrolls during the year, a new registration fee may be charged.

Payment is charged for days the child is enrolled, regardless of attendance. Each child will be given 5 sick/vacation days per year. There is no charge when school is not in session (i.e., in-service days, holidays or snow days). Payment is due on Monday for that week. We appreciate you paying on time. Cash or checks are accepted. Make checks payable to Damon Center Program. If you have a returned check, payments for the remainder of the school year must be paid for by cash. There will be a \$5.00 charge added to each week if payment isn't paid for by Friday of that week. Non-payment for 2 weeks will result in withdrawal from the program.

PAYMENT SCHEDULE:

\$175.00/\$200.00 per week (2:00 p.m. - 6:00 p.m.)

\$40.00/\$55.00 per day (2:00 p.m. - 6:00 p.m. partial day)

\$100.00/\$150.00 per day (7:00 a.m. - 6:00 p.m. full day over 4 hours)

- o Amount may vary depending on the level of care needed. Amount may vary depending on ability to pay.

LATE FEES:

A late fee will be charged after 6:00. All children should be picked up before 5:45. You may be assessed a late fee of \$1.00 per minute that your child is left pass closing (6:00 p.m.). This charge must be paid immediately (a maximum of \$10.00 may be charged.)

(If the child is left pass building closing the child may be picked up at Protective Services or the nearest police station. Any child left for more than three times annually the child may be removed from the program.)

I have received and read the program guidelines and billing procedures.

Signature of Parent/Guardian

Date



DAMON'S CENTER

LATCHKEY PROGRAM FOR CHILDREN WITH AUTISM REGISTRATION FORM

Child's Name _____ DATE: _____

Grade _____ Age: _____ Diagnoses: _____

Verbal Skill:	_____ Verbal	_____ Non Verbal
Behavior Problems:	_____ Yes	_____ No
Toilet Trained:	_____ Yes	_____ No
Medication:	_____ Yes	_____ No

If Yes Please List Type and Reason Given:

1. _____ Reason Given: _____

2. _____ Reason Given: _____

Mother's Name: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Employers Name: _____ Work Phone: _____

Address: _____ City: _____ Zip: _____

Father's Name: _____

Address: _____ **City:** _____ **Zip:** _____

Home Phone: _____ **Cell Phone:** _____

Employers Name: _____ **Work Phone:** _____

Address: _____ **City:** _____ **Zip:** _____

Attachment Model's Name (Other than parent): _____

Address: _____ **City:** _____ **Zip:** _____

Home Phone: _____ **Cell Phone:** _____

Employers Name: _____ **Work Phone:** _____

Address: _____ **City:** _____ **Zip:** _____

TEACHERS NAME: _____ **PHONE #** _____

SCHOOL: _____ **CITY:** _____

EMERGENCY CONTACT INFORMATION: (Persons To Contact If Parent Cannot Be Reached)

Name: _____ **Phone** _____

Name: _____ **Phone:** _____

RACIAL/ETHNIC STATEMENT

ANY PERSON MAY DECLINE TO COMPLETE THIS STATEMENT

DEVELOPMENTALITY DISABLE: YES: _____

NO: _____

Racial/Ethnic Code Definition:

First identify a racial group and then the ethnicity of the student.

If The student is self-selecting a multiple of the following codes with primary and/or Secondary choices must be reported.

___ American Indian or Alaska Native. A student having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachments.

___ Asian American. A student having origins in any of the original peoples of the Far East, Southeast Asia, or the Philippine Islands, Thailand, and Vietnam.

___ Black or African American. A student having origins in any of the black racial groups of Africa.

___ Native Hawaiian or other Pacific Islander. A student having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

___ White. A student having origins in any of original peoples of Europe, the Middle East or North Africa.

___ Hispanic or Latino. A student of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origins, regardless of race.

Medicine At School

WILL THE CHILD RECEIVE MEDICINE DURING LATCHKEY HOURS:

NO: _____ YES: (WHAT KIND AND THE REASON) _____

Medicines that are to be given in the Latchkey Program must be accompanied by a COPY OF THE DOCTOR'S PRESCRIPTION STATING AND THE STATEMENT GIVEN BY THE PHARMASIT signed by the child's physician.

Medicine must be in original container. This rule applies to prescription and over the counter medications.

All medications will be given by a fully trained member of the Latchkey staff or OTHER quantified personnel authorized to dispense the medication.

Good Health and Immunization Waiver:

My child _____ is currently up-to-date on all required immunizations and currently in good health. (All children must provide a copy of an up-to-date immunization record and health appraisal before he/she will be allowed to attend the Latchkey Program.)

Signature of Parent/Guardian

Date

Picture and Video Release

Please Sign Only One

APPROVAL OF PICTURE AND VIDEO:

My child _____, may be photographed or video taped while in the Latchkey Program for use in posters, scrapbooks, video presentations, slide presentations or class work that will be used for the promotion of the Latchkey Program.

Signature of Parent/Guardian

Date

REFUSAL OF PICTURE AND VIDEO:

I do not wish for my child _____ to be photographed for any reason while in the Latchkey Program.

Signature of Parent/Guardian

Date

CHILD CUSTODY AND RELEASE POLICY

Only those persons listed on the emergency card, and legal parents or guardians may take a child from the Latchkey Program. According to licensing regulations, either parent may take the child from Latchkey, unless there is a court order prohibiting one parent from visitation rights.

A Child Custody Court Order IS on File _____

A Child Custody Court Order is NOT on File _____

Signature of Parent/Guardian

Date

ALL PERSONS PICKING UP CHILDREN FOR THE PARENTS (OR PARENTS NOT NORMALLY PICKING UP THE CHILD) WILL BE ASKED TO SHOW PICTURE IDENTIFICATION.

Signature of Parent/Guardian

Date

If an emergency arises and a person not appearing on the emergency card must pick the child please contact the Latchkey Supervisor.

Signature of Parent/Guardian

Date

October 2009

SU	M	T	W	TH	F	SA
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

Days requested for Latchkey _____
 Quarter Total: _____

November 2009

SU	M	T	W	TH	F	SA
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

Days requested for Latchkey _____

December 2009

SU	M	T	W	TH	F	SA
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

Days requested for Latchkey _____

January 2010

SU	M	T	W	TH	F	SA
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

Days requested for Latchkey _____
 Quarter Total: _____

February 2010

SU	M	T	W	TH	F	SA
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28						

Days requested for Latchkey _____

March 2010

SU	M	T	W	TH	F	SA
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

Days requested for Latchkey _____

April 2010

SU	M	T	W	TH	F	SA
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

Days requested for Latchkey _____
 Quarter Total: _____

May 2010

SU	M	T	W	TH	F	SA
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

Days requested for Latchkey _____

June 2010

SU	M	T	W	TH	F	SA
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

Days requested for Latchkey _____

TOTAL DAYS OF LATCHKEY SERVICES FOR FISCAL YEAR: _2009 -2010