



Serving People With Developmental Disabilities

Application for Life Enrichment Child Program

Welcome to The Arc of San Antonio. We are pleased you are interested in applying for admission to the Arc's Life Enrichment Child Program. In order for us to best serve you, your family member, or the individual you represent we ask that the attached packet be completed prior to admission.

If you require additional information or assistance in completing the application please contact the program coordinator or the Director:

Andrea Fagarason, Director of Day Services
(210) 490-4300 x119

Sandra Barrera, Life Enrichment – Child, Program Coordinator,
West Ave. (210) 490-4300 x130

Anna Garcia, Life Enrichment – Child & Young Adult, Program
Coordinator, Pam Stephens Center (210) 682-4200 x201

Thank you!

Parent Initial:

Date:

The Arc of San Antonio

The Arc of San Antonio's Life Enrichment – Child Program was started in February of 1985. Since that time it has continued to grow with current space for 75 children. The Arc offers programming to individuals with all levels of mental retardation and developmental disabilities. Most of our children could be successful at any special needs childcare but have chosen The Arc. We also give children a chance to be successful even if they are not suited for or have been unsuccessful in other programs. We provide an opportunity for those individuals with more challenging behavioral, social and personal care needs.

The program enhances the lives of the children we serve through a planned curriculum, socialization, field trips, and motor skill activities. The Arc works as a team with school professionals and parents to create consistency and enhance the children's abilities and skills.

Many residents of San Antonio have found The Arc of San Antonio to be the best program for them.

The Arc offers the following to participants of the Life Enrichment – Child Program:

- *After school care till 6:30 p.m.*
- *All day care from 7:00 a.m. to 6:30 p.m. on school holidays and in the summer*
- *Staff ratio is as low as 1:4*
- *enhance already acquired skills and teach new skills;*
- *unduplicated services, offering opportunities when other programs won't;*
- *help for individuals needing maximum assistance with self-help and personal care needs;*
- *dealing with challenging behaviors;*
- *social interaction with peers;*
- *Two newly renovated facilities with disability accessible playgrounds; and*
- *a dedicated, experienced, well trained staff who keeps participant safety and well being in the forefront.*

The Arc also offers Case Management and Life Enrichment – Adult and Young Adult Programs. Please see staff directory on whom to contact regarding questions about these programs.

The Arc offers the following volunteer opportunities:

- *hands-on client and classroom interaction;*
- *servicing as a chaperone during community outings;*
- *assisting with office / clerical duties; and*
- *participating in clean-up / fix-up projects*

Parent Initial:

Date:

Staff Directory and Important Contacts:

Executive Director	John "Jack" Minter	(210) 490-4300 Ext. 102
Chief Financial Officer	Susan Henderson	(210) 490-4300 Ext. 118
Development Director	Cynthia Hamilton	(210) 490-4300 Ext. 127
Director of Day Services	Andrea Fagarason	(210) 490-4300 Ext. 119
Life Enrichment Nurse	Gloria Chacon, R.N.	(210) 682-4200 ext. 205
Life Enrichment – Child Program Coordinators		
West Ave.	Sandra Barrera	(210) 490-4300 Ext. 130
Pam Stephens Center	Anna Garcia	(210) 682-4200 ext. 201
Life Enrichment – Young Adult Program Coordinators		
West Ave.	Maryela Garza	(210) 490-4300 Ext. 106
Pam Stephens Center	Anna Garcia	(210) 682-4200 ext. 201
Life Enrichment – Adult Program Coordinator		
West Ave.	Maryela Garza	(210) 490-4300 Ext. 106
Director of Community Outreach	Pam Stephens	(210) 490-4300 Ext. 120
Director of Case Management	Yolanda Fuentes	(210) 490-4300 Ext. 112
Business Office	Mary Longoria	(210) 490-4300 Ext. 111
Day Services Assistant	Nurhayat Kent	(210) 490-4300 Ext. 117



The Arc is located at two locations:

**13430 West Avenue
San Antonio, Texas 78216
(Near the intersection of Hwy. 281 North and Bitters Road)
Phone: (210) 490-4300
and
6530 Wurzbach
San Antonio, Texas 78240
Phone: (210) 682-4200**

Parent Initial:

Date:

Enrollment Site: ____ West Ave ____ Pam Stephens Center – Wurzbach

Date of Enrollment: _____

Student's Name: _____

Student's Home Address: _____ Zip: _____

Student's School/District: _____

Diagnosis: _____

Date of Birth: _____ Chronological Age: _____ Height: _____ Weight: _____

Social Security: _____

Mother's Name: _____ Home Phone: _____

Email Address: _____ Cell Phone: _____

Father's Name: _____ Home Phone: _____

Email Address: _____ Cell Phone: _____

Mother's Place of Work: _____ Phone: _____

Father's Place of Work: _____ Phone: _____

Child Lives With (Circle One): Both Parents Mother Father Other: _____

Billing Information:

Funders Name (Parent, CHCS funding, Medicaid wavier, etc.):

Address: _____

Phone #: _____

Contact Person: _____

Does the client have documentation that would have to be completed by The Arc Staff?

Daily Service Notes: ____ Yes ____ No Behavior Data Sheet: ____ Yes ____ No

Goal/Objective: ____ Yes ____ No **(If yes, documentation needs to be provided before client starts attending The Arc.)**

Are you currently or have you ever served in a branch of the US Military Services?

____ Yes ____ No **(Please respond for funding purposes)**

Parent Initial: _____

Date: _____

Name of Person to call in case of emergency if parent(s) can not be reached

Name: _____ Relationship: _____

Phone: _____ Address: _____

I hereby authorize The Arc staff to allow my child to be released from Life Enrichment - Child only to the following people:

Mother: _____ Father: _____

<u>Other</u>	<u>Relationship</u>	<u>Phone</u>
_____	_____	_____
_____	_____	_____

Student's Physician: _____ Phone: _____

Physician's Address: _____

Student's Weight: _____ Student's Height: _____

Hospital Preference: _____

List all medication prescribed including the dosage:

1. _____ 4. _____

2. _____ 5. _____

3. _____ 6. _____

It is my understanding that if there are any changes to my child's medications I will inform The Arc staff as soon as possible in writing.

Parent Signature

Date

Parent Initial:

Date:

Toilet Trained:_____ Schedule:_____ Needs Diapering:_____

Ambulatory:_____ Uses Walker:_____ Uses Wheelchair:_____

Eats Independently:_____ Needs Assistance:_____ Tube Fed:_____

Primary Means of Communication:_____

Supportive or Adaptive Devices used while in care at Life Enrichment - Child:

Special Dietary/Nutritional Needs:

Other pertinent information (i.e. **Allergies to food, medications, insect bites. Existing illness, previous serious illness, injuries, hospitalizations within the past 12 months. Special instructions and favorite activities.**)

Parent Initial:

Date:

If my child exhibits aggressive/uncontrollable behavior (i.e. hitting, scratching, biting, etc.), I give permission for The Arc staff to passively restrain him/her and or use time out for 2-5 minute intervals (not to exceed 15 minutes total), until the behavior is under control. I understand that I will be notified if my child exhibits ongoing disruptive behavior and I (or the designated person) will pick up my child that day (as soon as possible) from Life Enrichment - Child.

Parent Signature

Date

Challenging Behaviors:

Is there a Behavior Support Plan in place: _____ If so please include a copy

Immunization Records: My child's immunization records and tuberculosis test record are current and on file at:

Name of School: _____ Phone: _____

Parent Signature

Date

Parent Initial:

Date:

Medical Permission:

In the event that I cannot be reached to authorize medical attention for my child, _____, I authorize a representative of The Arc of San Antonio to seek medical attention and grant medical staff permission to treat my child. I will not hold The Arc of San Antonio staff liable for any accidental injury incurred by my child during The Arc program hours.

Parent Signature Date

Transportation Permission:

The Arc staff has my permission to transport my child to and from The Arc of San Antonio on excursions or other planned field trips. I understand that all reasonable precautions will be taken to ensure the safety and health of my child.

Parent Signature Date

Water Activities:

The Arc staff has my permission for my child to participate in water activities. I understand that reasonable precautions will be taken to ensure the safety and health of my child.

Parent Signature Date

Photo Release:

I give permission for photographs or video of my child to be used by The Arc to portray and or promote Arc activities. In no way will my child be exploited by the use of such photographs or videos.

Parent Signature Date

Guardianship:

Is the consumer 18 years or older: _____Yes _____No (If yes, continue below)
Is the consumer his/her own legal guardian: _____Yes _____No (If yes, continue below)

I, the consumer, _____, give permission for The Arc of San Antonio to contact _____ (person's name) about programmatic issues or safety while attending The Enrichment Programs at The Arc of San Antonio.

Consumer Signature Date

Parent Initial: Date:

I have received a Parent Handbook for Life Enrichment – Child dated _____. I have read, understand, and agree to the Operational Policies listed in the handbook.

Child's Name

Date

Parent Signature

Date

Parent Initial:

Date:

United Way Questionnaire

Please fill out this questionnaire and return it with the application. United Way requires this additional demographic information for our funding. This funding allows The Arc to keep the cost for childcare low. This information will in no way be used for solicitation or any reason other than stated above.

1) Child's Name: _____

2) Both Parents First and Last Names:

Mother: _____ Father: _____

3) Both Parents Date of Birth:

Mother: _____ Father: _____

4) Household Compensation: (Please circle only one)

- a) Single Parent
- b) Two Parent
- c) Other Family Member

5) Household Yearly Income:

- a) 1,000-5,000
- b) 5,001-9,999
- c) 10,000-14,999
- d) 15,000-24,999
- e) 25,000-34,999
- f) 35,000- 49,999
- g) 50,000-120,000

6) Ethnicity:

- a) Caucasian / Non- Hispanic
- b) Hispanic / Latino
- c) African American
- d) Asian
- e) Native Hawaiians / Other Pacific Islander
- f) Native American / Alaska Natives
- g) Other

Parent Initial:

Date:

Information Request

Name: _____

Date of Birth: _____

TO WHOM IT MAY CONCERN:

I hereby authorize _____
(Agency, School, Etc.)

to forward a copy of the following:

(X) Medical Records / Immunization Records

(X) Most Recent Behavior Management Plan

(X) Updated Individual Education Plan (IEP)

() Related Services / Therapy Evaluations

(X) Educational Evaluations / Psychological Evaluations

() Other (Specify) _____

I authorize The Arc Childcare Director and Program Coordinator to visit my child at their school:

() Yes () No

The contact name and phone number for the school is:

Authorization: I have read and understand the above request and voluntarily consent to the release of records and/or visitations. I understand that this consent may be revoked in writing at any time.

Signature of Parent, Guardian or Adult Student

Date

Signature of Interpreter, if used

Date

Parent Initial:

Date:

School Goals and Objectives

Please turn this form into your child's school for the teacher or other staff to complete and return.

Child's Name: _____

School Representative completing this form & contact #: _____

Child to teacher ratio in classroom: _____ For this child: _____

1.Goal _____

Techniques to Use to Meet Goals

A. _____

B. _____

2.Goal _____

Techniques to Use to Meet Goals

A. _____

B. _____

3.Goal _____

Techniques to Use to Meet Goals

A. _____

B. _____

Comments: _____

I hereby authorize the staff of The Arc of San Antonio to work with my child regarding these specific goals and objectives until further notice.

Signature of Parent

Date

Parent Initial:

Date:

Please answer the following questions to help The Arc better serve your child.

Questionnaire:

1. Does your child experience bowel incontinence?
2. Does your child tend to cling to adults?
3. Does your child display cruelty, bullying, or meanness to others?
4. Does your child destroy things belonging to self or others?
5. Does or has your child physically attacked others?
6. Does your child easily get angry or temperamental?
7. Does your child see things that are not really there?
8. Does your child play with their own sex parts in public?
9. Does your child swear or use obscene language?
10. During activities, does your child shift excessively from one activity to another?
11. Does your child run or climb a great deal?
12. During a behavior or when necessary, is your child easily redirected?
13. Do you feel your child is afraid of many things?
14. Does your child push or shove classmates to get toys or other things he/she wants?
15. Does your child compete with others?
16. Does your child make derogatory remarks about others?
17. Will your child enjoy indoor activities?
18. Does your child dislike large crowds?
19. On warm days, would your child enjoy water activities?
20. Is your child sensitive to the sun?
21. Does your child wander off from you or school staff?
22. Is time-out a successful re-direction tool for your child?

Parent Initial:

Date:

23. Does your child enjoy painting activities or coloring activities?
24. Does your child have difficulty falling asleep or napping at school?
25. Does your child prefer to be alone than be with others?
26. Does your child rock back and forth while seated or standing?
27. When moving from place to place, does your child make rapid lunging or darting movements?
28. Does your child slap, hit, or bite self in an attempt to injure self?
29. Does your child use gestures instead of speech or signs to obtain objects?
30. Does your child do certain things repetitively or ritualistically?
31. Does your child become upset when routine is changed?

Parent Initial:

Date:



Serving People With Developmental Disabilities

To Parents and Providers:

Attached is a Physician Medication Order that is used at The Arc for those individuals requiring medications while in our care. This form is to be filled out completely by the physician, not by the parent or provider. This order must be in place before we will assist in dispensing any medication to the individual it is prescribed for; **NO EXCEPTIONS**.

The Arc's Physician Medication Order is good for one year from the date signed by the physician. If there is any change in medication or dosage during that time, a new order must be obtained before we will assist in dispensing.

The Arc cannot assist in dispensing the first dose of a new medication. This is done for the individual's safety in the event any side effects or reactions occur. Please discuss with The Arc nurse, in advance, any new medications or dosages that are started at home. Depending on the medication, the individual may be required to remain at home for the first 24 hours after starting the new medication or dosage to monitor for side effects.

All medications are to be in their original containers/blister pack and must coincide with the written physician's order. To avoid having medications travel back and forth daily, a "school dose" bottle/blister pack may be obtained from the pharmacy. In order to obtain a "school dose" bottle/blister pack, please ask your physician to indicate this specifically on the prescription that is to be presented to the pharmacy.

For any medications that are not taken by mouth (such as G-Tube) or special medications (ex. Diastat), please contact the nurse @ 210.682.4299 ext. 205 for the appropriate physician's form.

The Arc is committed to ensuring the personal growth and life enrichment of individuals with developmental disabilities. Thank you for assisting us with that goal by making certain necessary medications are dispensed by The Arc in a safe and proper manner.

Parent Initial:

Date:



Physician Medication Order

Site Name: _____

Please assist _____ with taking the following:

Medication(s): _____

Condition for Use: _____

Dosage and special instructions for medication (please include any concerns or special monitoring): _____

Time to be taken: _____ Days to be taken: _____

Prescription Date: _____ Continue this Medication Until: _____

Prescribing Physician (Name and number): _____

Physician's Signature

Date

This order will expire one year from the date signed, unless otherwise stated by physician. Please feel free to contact our nurse with any questions or assistance needed at 210.682.4200 x 205

Medication must be in its original and current container (may use a school dose bottle supplied by the pharmacy) with person's name clearly printed and with the current dose instructions.

Parent Initial: _____

Date: _____

PRN LIST

The following "PRN" (as needed) medications will be offered at The Arc of San Antonio. Discuss with your physician which, if not all, are appropriate. If you object to any of these medications, then please make one line through the medication and date and initial. Please sign at the bottom to acknowledge this list, and make sure the physician signs also. Should you need other PRN medications, or a different dose than specified, then you must bring in a physician's order (please see the nurse for a blank form) and the medication that is being prescribed to be used.

Medication	Used for.....	Dosage	Calls to Nurse
Acetaminophen 500mg	Fever/Pain	1 - 2 tabs q 6 hrs. Ages 12+ only.	Call home to ensure not already taken. Call nurse for fever.
Acetaminophen 160mg	Fever/Pain	Ages 6-8; 2 tabs Ages 9-10; 2 ½ tabs Age 11; 3 tabs Age 12+; 4 tabs	Call home to ensure not already taken. Call nurse for fever.
Ibuprofen 200mg	Fever/Pain	1 to 2 tabs q 6 hours - Ages 12+ only	Call home to ensure not already taken. Call nurse for fever.
Chlorpheniramine Maleate (Chlo-Trimeton) 4mg	Sneezing, Itchy watery eyes, runny nose, itchy throat	Ages 12+; 1 tab q 6 hrs. Ages 6-12; ½ tab q 4 hrs.	Call home to ensure not already taken. Call nurse for fever.
Diphenhydramine HCL (Benadryl)	Sneezing, Itchy, Watery eyes, runny nose- <u>separate order needed for any other type of allergy</u>	Ages 12+ yrs; 2-4 tsp. (10-20ml) Ages 6-12 yrs.; 1-2 tsp. (5-10 ml)	Call home to ensure nothing already taken. Call nurse if 1 st dose not effective.
Chloraseptic Lozenges	Sore throat/Cough	Dissolve 1 lozenge in mouth q 2 hrs.	Call if not effective.
Loperamide Hydrochloride oral Solution 1mg/5ml	Diarrhea	Ages 12+yrs.; 2 tsp.(10ml) after loose BM. Ages 6-11 yrs; 1tsp. (5 ml) after loose BM. Not to exceed 2 doses	Call prior to assisting. If diarrhea continues after two doses, then individual needs to go home.
Loperamide 2 mg tablets	Diarrhea	Ages 12+ yrs; 1 caplet after loose BM Ages 6-11yrs.; ½ caplet after loose BM.	Call prior to assisting with dose. If diarrhea continues after two doses, individual needs to go home.

Parent Initial:

Date:

Medication	Used for.....	Dosage	Calls to Nurse
<i>Pink Bismuth (Pepto-Bismol) Regular Strength</i>	<i>Heartburn, Indigestion, Nauseam upset stomach, diarrhea.</i>	<i>Ages 12+ yrs only; 2 Tbsp.(30 ml) q 1 hr. X 2 doses</i>	<i>Call prior to assisting with dose. If diarrhea continues after two doses, individual needs to go home.</i>
Antacid (Mylanta)-Extra Strength	Heartburn, Indigestion, gas.	Ages 12+yrs.; 2-4 tsp. (10-20ml) between meals as needed X1 dose	Call prior to assisting with dose. Only one at the ARC.
Milk of Magnesia	Constipation	Ages 12+yrs; 2 - 4 Tbsp (30-60ml) X1 dose Ages 6-12yrs; 1 - 2 Tbsp. (15-30ml) X1 dose Ages 2-6 yrs.; 1 - 3 tsp. (5-15ml) X1 dose.	Call prior to assisting with dose. Wait for results up to 6 hrs.
Peroxide	Cuts, Scrapes	Apply a small amount over the wound using a cotton ball	Basic First aid
Triple Antibiotic Ointment	Cuts, Scrapes	Apply a small amount to scrape/cut	Basic First Aid
A&D Ointment	Skin Rash	Apply a thin layer to skin rash	Basic Fist Aid
Sunscreen Lotion 30+	Outdoor sun protection	Minimum of 30+ is available	No need to call prior to use.
Calamine Lotion	Itching skin	Apply a thin layer to itching skin	Call if not effective.

Signature of Physician

Date

I acknowledge the above PRN medications that are offered at the ARC of San Antonio. I understand that the guidelines above will be followed for all while at the ARC and should I need other treatments or medications, I must supply the ARC with an order from my physician, as well as the medication prescribed in it's original container.

Signature of Individual

Date

Signature of Guardian (if applicable)

Date

Parent Initial:

Date:

**The Arc of San Antonio
Life Enrichment-Child
Admission Application**

**Contract for Childcare Services
Private-Pay Consumers**

Option 1 – Full-time Enrollment

I/we choose to enroll _____ in The Arc of San Antonio’s after-school and/or summer Life Enrichment – Child program as full-time. Under this enrollment option, all services are billed at a flat monthly rate based on the number of service days in the month, regardless of attendance.

Option 2 – Part-time Enrollment

I/we choose to enroll _____ in The Arc of San Antonio’s after-school and/or summer Life Enrichment – Child program as part-time. Under this enrollment option, all services are billed at a minimum of three days per week, with any days attended in excess of three days charged at a higher daily rate.

Option 3 – School Holiday Only

I/we choose to enroll _____ in The Arc of San Antonio’s Life Enrichment – Child program for school holidays only. Under this enrollment option, all services are billed at \$24 per day. Sign-up and prepayment is required.

Acknowledged by:

Arc Representative

Parent/Guardian

Date

Date

Parent Initial:

Date:

**The Arc of San Antonio
Life Enrichment-Child
Admissions Application**

RATES FOR CHILDREN'S LIFE ENRICHMENT-SERVICES

Effective December 1, 2009

OPTION 1: FULL-TIME ENROLLMENT (A "SLOT")		
AFTER SCHOOL	Monthly fee at \$12/day based on school district calendar regardless of attendance -- See attached schedule	
SUMMER	\$120/week regardless of attendance	
OPTION 2: PART-TIME ENROLLMENT WITH A 3-DAY/WEEK MINIMUM		
AFTER SCHOOL	\$36/week with a higher daily rate of \$20/day for any days attended in excess of 3 days in a week.	
SUMMER	\$72/week with a higher daily rate of \$35/day for any days attended in excess of 3 days in a week.	
SCHOOL HOLIDAYS, SPRING BREAK, THANKSGIVING AND CHRISTMAS		
FULL DAY ONLY	\$24/day based on number of days signed up. PREPAID. Those with AACOG, CWP or HCS funding, see note below.	
ADDITIONAL FEES:		
Registration fee	\$20.00	Due upon initial registration; annually thereafter at beginning of school year. Non-refundable.
Activity fee	\$30.00	Due upon initial registration; at beginning of summer program and at beginning of school year. Refundable.
Late pick-up fee	\$20 for the first 15 minutes past 6:30 p.m. and \$1.00 for every minute thereafter until your child is picked up.	

NOTE: If you have third-party funding (such as AACOG, etc), be aware that we can only bill these funders for times attended. They will not pay for "no shows", registration, activity or late pick-up fees. Therefore, you will be responsible for all fees billed per policy and not covered by your third-party funding source.

A limited number of reduced rate slots are available. Contact your site's program coordinator or The Arc's finance office for more information.

Parent Initial:

Date:

ADMISSION CHECKLIST

THE FOLLOWING MUST BE PROVIDED BEFORE ENROLLMENT AND ATTENDANCE. If the item does not apply, mark the space N/A.

- _____ **Current photograph**
- _____ **Determination of mental retardation (DMR) or other developmental disability**
- _____ **Most recent medical assessment / physician's report**
- _____ **Most recent nursing assessment**
- _____ **Physician's orders for current medications**
- _____ **Most recent social history / update**
- _____ **Most recent psychological assessment / update**
- _____ **Most recent psychiatric assessment / update (if applicable)**
- _____ **Copy of behavior management plan (if applicable)**
- _____ **Copy of the MRRC Assessment (if applicable)**
- _____ **Most recent I.S.P / I.E.P. / A.R.D.**
- _____ **Most recent vocational assessment / update (if applicable)**
- _____ **Most recent ICAP / Level Of Need information (computer print-out)**
- _____ **Copy of picture I.D. / military dependent I.D.**
- _____ **Copy of Social Security card**
- _____ **Copy of Medicaid / Medicare card**
- _____ **Copy of VIA transportation card**
- _____ **Copy of Guardianship papers**
- _____ **Vaccination Records**
- _____ **Documentation required by the funding agency to be filled out by The Arc of San Antonio staff. (Service delivery logs, objective training sheets, behavior tracking sheets)**

Note: Please ask The Arc of San Antonio staff for assistance if needed.

Parent Initial:

Date:

**Summer 2010
Life Enrichment – Child
Attendance Dates**

The following dates are times the Life Enrichment – Child Program will be operating during the summer of 2010. If you sign up for a specific day, you will be billed for that day regardless if your child attends or not. The schedule follows the Northside, Northeast, and Judson school district calendars.

Please review the dates available and mark the days and hours your child **will attend**. A schedule must be filled out for every child. Please return the application and this schedule as soon as possible.

June 2010

Friday
6/4/10_____

Week of:
6/7/10_____

6/8/10_____

6/9/10_____

6/10/10_____

6/11/10_____

Week of:
6/14/10_____

6/15/10_____

6/16/10_____

6/17/10_____

6/18/10_____

Week of:
6/21/10_____

6/22/10_____

6/23/10_____

6/24/10_____

6/25/10_____

Week of:
6/28/10_____

6/29/10_____

6/30/10_____

7/1/10_____

7/2/10_____

July 2010

Week Of:
7/5/10 **Closed**

7/6/10_____

7/7/10_____

7/8/10_____

7/9/10_____

Week of:
7/12/10_____

7/13/10_____

7/14/10_____

7/15/10_____

7/16/10_____

Week of:
7/19/10_____

7/20/10_____

7/21/10_____

7/22/10_____

7/23/10_____

Week of:
7/26/10_____

7/27/10_____

7/28/10_____

7/29/10_____

7/30/10_____

August 2010

Week of:
8/02/10_____

8/03/10_____

8/04/10_____

8/05/10_____

8/06/10_____

Week of:
8/09/10_____

8/10/10_____

8/11/10_____

8/12/10_____

8/13/10_____

Week of:
8/16/10_____

8/17/10_____

8/18/10_____

8/19/10_____

8/20/10_____

Parent Initial:

Date: