Welcome to the Arc

Families participating in The Arc Lekotek program are invited to explore the Tech Hub, an interactive play experience designed to enhance engagement through movement, technology, and sensory-based activities. The Tech Hub provides structured, one-hour sessions where children can participate in dynamic floor games and interactive projections that support the development of motor skills, social interaction, and sensory regulation.

During each Tech Hub session, the Lekotek Program Coordinator will guide and model activities that encourage children to move, explore, and engage with both the environment and others. These experiences are designed to meet each child at their individual ability level, while promoting confidence, participation, and enjoyment. The goal of each session is to create a fun and supportive space where children can build skills through active, technology-enhanced play.

Tech Hub sessions are centered around children ages 6–17 with a variety of developmental abilities, while encouraging parents and caregivers to remain present and involved throughout the experience. Each session lasts approximately one hour and may include a variety of interactive games and activities that adapt to different skill levels and needs.

The Tech Hub is designed to complement traditional Lekotek play sessions by offering a unique, movement-based environment that supports coordination, attention, and social engagement in a new and exciting way. As with all Lekotek services, sessions are facilitated by a trained Lekotek Program Coordinator with a background in education, child development, or a related field. Staff are experienced in working with children of diverse abilities and are trained to support safe, inclusive, and engaging play experiences.

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Trey Lamont
Play Program Coordinator

The Arc
Northwest Wayne County

Tech Hub Overview

Dynamic Floor

This product is an interactive, movement-based play experience utilizing projection technology and sensory engagement activities designed to support social, motor, and sensory development for youth ages 6–17. Sessions are supervised and last approximately one hour.

Understanding Risk

Participation in the Tech Hub involves physical movement and interaction with projected environments and equipment. Potential risks may include slipping, tripping, physical exertion, sensory overstimulation, and other unforeseen incidents.

Medical Acknowledgement

Relevant medical information, including conditions such as seizure disorders, visual impairments, mobility limitations, or sensory sensitivities, must be disclosed prior to participation. Completion of a waiver is required before engaging in the program.

Property Acknowledgement

Participants and their families are expected to treat all equipment and materials with care. Families may be held responsible for intentional damage to program property, including walls, flooring, and technology.

Emergency Situations

A trained staff member supervises all sessions and is certified in CPR/First Aid. In the event of an emergency, staff will respond appropriately and contact emergency services if necessary.

Supervision Policy

All sessions are one hour in length. Parents or guardians are required to remain on-site for the duration of the session. Your participation is encouraged.

Photo/Media Consent

Cameras may be present in the room for program-related purposes. Photos or videos will only be used for promotional or documentation purposes with parent/guardian consent.

Behavior Expectations

The Tech Hub follows The Arc's commitment to inclusive, sensory-friendly environments. Participants are expected to engage safely and respectfully. Sessions may end early if behavior poses a risk to the participant or others.

Tech Hub

The Arc
Northwest Wayne County

FAMILY INTAKE FORM

Please complete this form with your family's most current information so that we can best assist with your family's needs through play!

Intake Date: _____ **Intake Location:** _____

Child's full name _____

Child's DOB _____

Guardian's name(s): _____

Guardian(s) Occupation(s): _____

Address: _____ _____

Primary Phone Number: _____ **(City & Zip Code)**

Email: _____

Sibling(s): Y or N

MORE ABOUT YOUR CHILD

Please check if the participant applies to any of the following:

Prone to seizures or sensitive to light/motion ☐

Visual impairment ☐

Mobility or balance impairment ☐

Behavioral or emotional regulation concerns ☐

What helps your child feel successful in new environments?

_____

_____

Anything else that staff should be aware of before participation? Interests? Strengths/Weaknesses? (Academic, Movement, Sensory-related, etc.)

_____

_____

HEALTH HISTORY FORM

Child's Name:

DOB:

Adopted (Yes or No) Y OR N

Last Grade of School Completed:

Ethnic Background:

Medicines or Supplements:

Please list all of the medications that your child currently takes. If there are none, you can write "none", or if you don't know, write "dont know".

Health Conditions

Please list any other health conditions you're child may have that we should be aware of before participation in this program.

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Tech Hub Membership Policy 2026-2027

Annual Membership Fee: $20 per session (12 sessions)
$150/Annual (12 monthly sessions)
Add on Lekotek for $25

The annual memebership for the Tech Hub program provides the family with 12 monthly play sessions in a calendar year. Paid annual membership fees will also include annual membership to the Arc of Northwest Wanye County, which can provide additional services to meet each family's individual needs.

The Arc of Northwest Wayne County offers a payment plan option for families that are unable to pay the full annual membership fee. This offer includes paying off the fee in a 3 month installment plan. Failure to fulfill this payment plan can exclude your family from future sessions.

Membership Application Form:

Date: _____ **DOB:** _____

Child's Full Name: _____

Guardian Name(s): _____

Address: _____

City/Zip Code: _____

Primary Phone Number: _____

The actual cost per family for annual membership and operation at the ARC is $880. However, $805 of the per family fee is waived and supported through funds developed by the Arc of Northwest Wayne County through a grant from the Detroit/Wayne County Community Mental Health Agency, as well as other grants/donations.

Payment Plan Agreement Addendum

This payment plan agreement is agreed upon for participation in the Lekotek/Tech Hub program.
By enrolling in the Tech Hub program, the parent/guardian below agrees to pay the appicable membership fee below.

I, _____, as the parent/legal guardian of _____ , acknowledge that I have read and understand the Tech Hub Program policies, including fees, payment schedule, attendance expectations, and participation requirements. I agree to comply with all terms outlined in the Tech Hub Payment Plan Agreement Addendum and accept full financial responsibility for all associated costs. I understand that failure to meet these obligations may result in suspension or termination of participation in the program.

Signature:_____ **Date:**_____

TECH HUB PROGRAM

Waiver & Agreement Acknowledgment

I, _____, as the parent/legal guardian of _____, acknowledge that I have read and understand the Tech Hub Program Overview, Participation Guidelines, Assumption of Risk, Medical Acknowledgment, Property Responsibility, Supervision Policy, Photo/Media Consent, and Payment Agreement terms.

I understand that participation in the Tech Hub program involves physical movement and interaction with technology-based activities that may include certain risks, including but not limited to slipping, falling, sensory overstimulation, physical injury, behavioral incidents, or equipment-related accidents.

I certify that I have disclosed any known medical, sensory, behavioral, mobility, or visual concerns that may affect my child's participation, including seizure-related conditions or sensitivities to lights or motion.

I understand that a parent or guardian is required to remain on-site during all sessions and that I am responsible for supervising my child throughout participation in the program.

I agree to release and hold harmless The Arc Northwest Wayne County, The Arc Lekotek Program, the Tech Hub program, and all affiliated staff, volunteers, and representatives from any and all claims, liabilities, damages, or expenses arising from participation in the program, except in cases of gross negligence.

I understand that families may be held financially responsible for intentional damage caused to program equipment, technology, walls, flooring, or other property.

By signing below, I acknowledge that I understand and agree to all Tech Hub program policies and participation requirements.

Parent/Guardian Information

Parent/Guardian Name: _____

Child's Name: _____

Signature: _____

Date: _____

Photo/Media Consent

□ YES, I authorize the use of photos/videos for program promotion and media purposes.

□ NO, I do not authorize the use of photos/videos for program promotion and media purposes.