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## *21<sup>st</sup> Century Grant Program / Thoreau Park & Ridge-Brook Discovery Centers Parent Information Sheet*

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January 2021

Dear Parents/Guardians of Ridge-Book and Thoreau Park Elementary Students:

Your child is invited to attend the Ridge-Brook and Thoreau Park **Discovery Center**, 21st Century Community Learning Center Grant Program. This federally funded program is a free after school program designed to serve students in Grades 2-4 at Ridge-Brook and Thoreau Park Elementary Schools. The Discovery Center is located in Thoreau Park Elementary School. The program provides a safe environment for students to participate in enrichment activities in technology, sports, music, the arts, character education, physical fitness, and many more areas of interest for students to discover. All students participate in homework assistance and skill maintenance in Math and Reading.

Your child needs to return the attached forms to the Main Office at their school. When you register your child they are expected to attend **from 3:30 – 5:45 pm** on their assigned in-school days for the entire session. We follow the health and safety guidelines, outlined by the State of Ohio. Due to these guidelines, there is a limited number of students that may participate in the program. It is important that once you and your child choose to participate, they are choosing to finish the session. *We follow the PCSD Thoreau Park and Ridge-brook Elementary Calendars. Anytime they are closed for holidays, in-service teacher days or other programs, Discovery Center programs are also closed.*

Parents and/or Guardians are responsible for arranging a way home for their children each day. **All students are dismissed by 5:45 p.m. Please be timely. Classrooms must be clear to allow for cleaning and sanitation which begins at 5:55 pm.** If your child will be absent from the Discovery Center or if they need to leave early, please send a note to the school office or call the Discovery Center Office at (440) 885-8379 or email Laura Coufalik at [coufalikl@parmacityschools.org](mailto:coufalikl@parmacityschools.org) to let us know. Confirmation of your child's enrollment will be sent home by letter or by e-mail.

For additional program information, visit: <https://www.parmacityschools.org/discoverycenters>

Sincerely,

*Laura Coufalik*

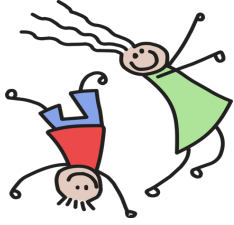
Site Coordinator

Discovery Center at Thoreau Park

Desk - (440) 885-8379 Cell - (440) 623-8519

[CoufalikL@ParmaCitySchools.org](mailto:CoufalikL@ParmaCitySchools.org)





## Session #2 January 19th - March 5th 2021

*Schedule is based on Hybrid Programming*

<i>*Handwashing occurs anytime student changes activities</i>	Tuesday/Wednesday Last Name (A-K)	Thursday/Friday Last name (L-Z)
<b>Bathroom/Handwashing Temperature Check</b>	3:30pm -3:40pm	3:30pm -3:40pm
<b>Snack</b>	3:40pm - 4:00 pm	3:40pm - 4:00 pm
<b>Homework/Math/Reading skills</b>	4:00pm – 4:45pm	4:00pm – 4:45pm
<b>Enrichment 1</b>	4:45pm – 5:15pm	4:45pm – 5:15pm
<b>Enrichment 2</b>	5:15pm – 5:45pm	5:15pm – 5:45pm
<b>Dismissal</b>	5:45pm	5:45pm
<b>Cleaning and Sanitation</b>	<b>5:55pm</b>	<b>5:55pm</b>
March 8th - 19th	<b>Discovery Center Closed for break</b> <i>*There are administrative planning weeks between sessions.</i>	<b>Discovery Center Closed for break</b> <i>*There are administrative planning weeks between sessions. .</i>

*We follow the PCSD Thoreau Park and Ridge-brook Elementary Calendars. Anytime they are closed for holidays, in-service teacher days or other programs, Discovery Center programs are also closed.*

The Discovery Center, a 21st Century Community Learning Center, is made possible through a federal grant. No Parma City School District monies are utilized in this project.

***Please keep the above pages for your information***



**Ridge-Brook & Thoreau Park  
Discovery Center  
21st Century Community Learning Center  
2020/2021 Registration**

***Please print and complete all blank spaces.***

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_ Circle School: **RB** or **TP**

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Language(s) Spoken at Home: \_\_\_\_\_

**Parent/Guardian Emergency Contact Information:**

**Mother/Guardian Name:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Father/Guardian Name:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

In case of emergency... Mother Cell/Home/Work phone will be called then Father Cell/Home/Work phone will be called in less otherwise indicated. \_\_\_\_\_

**Extended Day Care - if applicable**

Will your child also be attending the Extended Day Care (EDC) program? \_\_\_\_\_

List of Person(s) who are **NOT PERMITTED** to pick up your child: (Please Print)

Name/relation to student	Restraint papers or Divorce decree attached	
	Yes	No

\_\_\_\_\_ **Please initial here** to indicate you understand that no one will check identification at pick-up time unless you have identified a person above who is not permitted to pick up your student.

**ATTENDANCE:** It is the student's responsibility to attend the program on scheduled days. **The Discovery Center office must be notified on days the student will not be attending.** If a student misses 3 scheduled days in a row, the parent will be contacted regarding enrollment status.

Is there any **day(s) your child will not be regularly staying until 5:45 pm?** Day(s) \_\_\_\_\_

**TRANSPORTATION HOME: All students are dismissed at 5:45pm. Parents may be asked to show I.D.** Please indicate how your child will normally go home each day:

Parent/guardian will pick up \_\_\_\_\_ Other \_\_\_\_\_

**Parents/Guardians must notify teachers and bus drivers when their students will be attending the Discovery Center and keep teachers, bus drivers, and their schools Office informed of any changes to their child's transportation home.**

**Program Supervision:** This program operates with a 1 teacher to 10 student ratio (1 to 10) during the enrichment activities.

Do you feel your child would thrive in this setting? Yes \_\_\_\_\_ No \_\_\_\_\_

Will your child need additional assistance? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please indicate type of assistance below:

**Special Concerns:**

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**Optional:**

Race/Ethnicity: \_\_\_\_\_ White (Not Hispanic) \_\_\_\_\_ Black (Not Hispanic) \_\_\_\_\_ Other  
\_\_\_\_\_ Hispanic \_\_\_\_\_ American Indian/Alaskan  
\_\_\_\_\_ Multi-racial \_\_\_\_\_ Asian/Pacific Islander

**Optional:**

Is the student eligible for free or reduced priced lunch? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Discovery Center**  
**21st Century Community Learning Center**

**PARENT / GUARDIAN MEMO OF UNDERSTANDING AND PERMISSION**

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- Because of ODE regulations, ID's may be checked when students are picked up.
- Discovery Center program activities may include positive youth development workshops, community service learning projects, sports, challenging physical activities and walking in the community under adult supervision. Understand that a risk of injury exists when students participate in activities, sports and challenging physical activities. Occasionally, the Thoreau Park Discovery Center students will leave the school building to walk and play sports on school grounds with adult supervision as a part of activities.
- Discovery Center tutors, staff, and program evaluators obtain and review certain school records needed to help plan appropriate support services and to provide data required in the program reports to the Federal Government. All records and information about the students will be kept confidential.
- The Discovery Center *Parent/Student Handbook* explains policies and procedures for this program. It is the responsibility of all children and families participating to cooperate with the procedures and provide current and accurate emergency information to the Discovery Center staff.
- My child and I understand that he or she must sign into the Thoreau Park Discovery Center by 3:30 pm each day in order to attend the Discovery Center after school program that day. Allowable exceptions include arriving immediately following another school activity such as Student Council or a school sport team practice. If my child misses 3 unexcused days as scheduled, he/she might be withdrawn from the program.
- I have read the *Discovery Center Parent/Student Handbook*. I am aware of and understand the policies. I understand that cooperation with policies and procedures is important for all students and families participating in the Discovery Center program. I agree to comply with the policies outlined.
- I understand that **my child must be picked up promptly at dismissal (5:45 pm) each day they attend, and if I am consistently late in doing so, my child will be withdrawn from the program.**

**My child and I have read and understand the above policies in attending the  
Discovery Center program:**

X \_\_\_\_\_ X \_\_\_\_\_  
Parent / Guardian Signature Date Student Signature Date

**Family Involvement Survey: Please indicate any areas of interest below**

**Volunteer Opportunities:**

Serve on the Parent Advisory Group (2 meetings per year): \_\_\_\_\_

Sharing a skill or hobby with the students, please list: \_\_\_\_\_

**Parent / Family Involvement Opportunities:**

Family Fun Nights Ideas or Suggestions: \_\_\_\_\_

Workshops or Seminars on topics of interest: \_\_\_\_\_

## EMERGENCY / MEDICAL INFORMATION

**Mandatory Emergency Contact Information:** Parent / Guardian must list THREE people we can call if we are unable to reach you in the event of a school emergency:

Name:	Name:	Name:
Relation to Student:	Relation to Student:	Relation to Student:
Home Phone:	Home Phone:	Home Phone:
Cell Phone:	Cell Phone:	Cell Phone:
Work Phone:	Work Phone:	Work Phone:

<b>Physician:</b>	<b>Dentist:</b>	<b>Other health care provider:</b>
Name:	Name:	Name:
Phone:	Phone:	Phone:

Medical/Health Needs:
Allergies and Treatment:
Diet Restrictions:
Medications: <i>PLEASE NOTE THAT THE DISCOVERY CENTER STAFF WILL NOT ADMINISTER MEDICATIONS TO YOUR CHILD. THE SCHOOL NURSE SHOULD BE CONTACTED FOR ANY MEDICATIONS THAT ARE GIVEN TO YOUR CHILD ON A DAILY BASIS.</i>

**Student Name** \_\_\_\_\_

Agreement:

- I agree that in the case of an illness or injury, emergency medical care may be given to the child listed above, in the event I or the person(s) designated on the enrollment form cannot be reached. I agree to pay for any medical expense that occurs.
- I will provide special information below to assist the Discovery Center staff in the care of my child and will update this as needed throughout the year.
- In the event that I / we cannot be reached in an emergency, I hereby give my permission to the physician/hospital selected by the Discovery Center program to secure proper medical treatment for my child.
- **I hereby give my permission to provide first aid and transportation of my student to an emergency care facility if necessary.**

X \_\_\_\_\_  
 (Parent / Guardian Signature)

\_\_\_\_\_  
 (Date)

**If you do not want your student transported to an emergency care facility or provided first aid, describe procedures to follow:**

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**21<sup>st</sup> Century CCLC Program**  
**Ridge-Brook & Thoreau Park Discovery Center**  
**Registration Form**

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Homeroom: \_\_\_\_\_

**My child who attends:**

\_\_\_\_\_ **Ridge-Brook Elementary School**  
\_\_\_\_\_ **Thoreau Park Elementary School**

**Will attend the 21<sup>st</sup> Century Discovery Center located at Thoreau Park Elementary School.**

Important information about my child and this program:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Registration Form is due back to the Ridge-Brook or Thoreau Park Elementary School main office**

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Parent/Guardian's E-mail address

\_\_\_\_\_  
Parent/Guardian's Contact Phone Number

\_\_\_\_\_  
Student's Signature

**For office use only**

AIR Math \_\_\_\_\_ AIMS Math \_\_\_\_\_ IEP \_\_\_\_\_ Referred by \_\_\_\_\_  
AIR Reading \_\_\_\_\_ AIMS Reading \_\_\_\_\_ F/R \_\_\_\_\_ Student ID \_\_\_\_\_  
Math Remediation \_\_\_\_\_ Reading Remediation \_\_\_\_\_