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

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**Discovery Center 2022/2023**

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**. The Discovery Center is a 21st Century Community Learning Center. This federally funded program is a *free* after school program designed to serve students in Grades 2 - 4 attending both Ridge-Brook and Thoreau Park Elementary Schools. The Discovery Center is located in Thoreau Park Elementary School and Ridge-Brook students are bussed to Thoreau Park.

This 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 tutoring focusing on skill maintenance in Math and Reading. Family events are scheduled at least four times per year and students are also encouraged to participate in scheduled field trips.

Please review the **Registration Packet** and complete the attached registration forms completely. Your child needs to return the attached forms to the Main Office at their school. Once the site coordinator receives your registration, you will receive an email confirming your child has been registered. For more information and to confirm your child's registration, contact the site coordinator at [CoufalikL@ParmaCitySchools.org](mailto:CoufalikL@ParmaCitySchools.org) or call the Discovery Center office at (440) 885-8379. Please note there is limited availability. Students will be accepted on a first come first serve basis and a waitlist will be maintained.

The Discovery Center is open Monday - Friday, 3:30 - 6:30. There are three (3) sessions available. Once a child is registered at the beginning of a session, they are expected to attend the entire session. You can withdraw your child at the end of a session or they can continue attending the Discovery Center into the next session with a confirmation email to the site coordinator. Registered participants will receive the Parent / Student handbook which provides additional information about the Discovery Center.

Session #1    October 17 - December 9, 2022 (7 weeks)  
Session #2    January 9 - March 31, 2023 (8 weeks)  
Session #3    March 20 - May 12, 2023 (7 weeks)

**The Discovery Center will be closed during all school holidays and between sessions for administrative program planning.**

Sincerely,

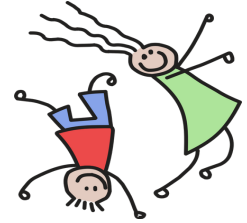
*Laura Coufalik*  
Site Coordinator  
Discovery Center at Thoreau Park  
Desk - (440) 885-8379 Cell - (440) 669-8950  
[CoufalikL@ParmaCitySchools.org](mailto:CoufalikL@ParmaCitySchools.org)



***Please keep this page for your information***

# DISCOVERY CENTER

## Daily Schedule



<b>Bathroom/Handwashing Student sign-in and Snack Ridge-Brook students arrive</b>	3:30 – 3:55 pm
<b>Down Time/Move/Socialize/Chill -Gym-</b>	3:55 – 4:00 pm
<b>Homework/Math/Reading skills</b>	4:00 – 5:00 pm
<b>Enrichment 1</b>	5:00 – 5:30 pm
<b>Enrichment 2</b>	5:30 – 6:00 pm
<b>Dismissal</b>	6:00 pm
<b>Cleaning, Sanitation &amp; Wrap-up</b>	6:00 – 6:30 pm
<b>Family Engagement</b>	Days & Times TBD

*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 will also be closed.*

Parents and/or Guardians are responsible for arranging a way home for their children each day. **Students are dismissed at 6:00 p.m.** Discovery Center closes at 6:30 to allow time for cleaning, sanitation, wrap-up, and time for individual student assistance.

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 and leave a message. Feel free to email Laura Coufalik at [coufalikl@parmacityschools.org](mailto:coufalikl@parmacityschools.org). Laura is not in the office or checking her email during program hours. If you need to reach her after our program starts for the day (3:30), please call the emergency cell number at (440) 669-8950.

You are committing to at least seven weeks of a fun, enriching, academic, and inclusive program. **We expect to see your child Monday - Friday from 3:30 - 6:00 and also expect families to join us for our Family Events.** You will be notified of these events well in advance. If you do not feel that you can make this commitment, please pass up this opportunity and let another student join us at the Discovery Center.

Enrichment activities may include but are not limited to: Theater, Crafts, Sculpting, Illustration, Social & Emotional Learning, Soccer, Cooking, Games, & Lego STEM.

The attached Registration Form is due back to the Ridge-Brook or Thoreau Park Elementary School main office. **You will be notified via Email when this registration form is received at the Discovery Center office and your child is registered.** Once your student is registered, the Parent / Student handbook will be provided.

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.



**Ridge-Brook & Thoreau Park  
Discovery Center  
21st Century Community Learning Center  
2022/2023 Registration**

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

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

My Child Attends:

\_\_\_\_\_ Ridge-Brook Elementary School

\_\_\_\_\_ Thoreau Park Elementary School

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

**ATTENDANCE:** It is the student's responsibility to Sign-in every day. It is the parent's responsibility to Sign-out their student every day. Attendance is monitored every day.. **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.

**TRANSPORTATION HOME IS NOT PROVIDED: All students are dismissed at 6:30 pm.**

Please indicate how your child will normally go home each day:

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

Is there any **day(s) your child will not be regularly staying until 6:00 pm?** Day(s) \_\_\_\_\_

**\_\_\_\_\_ Please initial here** to indicate you understand that unless you have identified a person above who is not permitted to pick up your student, we will probably not check identification at pick-up time unless there is a change in "who" is picking up your child.

**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:** Typically, this program operates with a 1 teacher to 10 student ratio during homework/tutoring and 1 to 16 student ratio 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:

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**Special Concerns:**

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## 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:

<b>Medical/Health Needs:</b>
<b>Allergies and Treatment:</b>
<b>Diet Restrictions:</b>
<b>Medications: 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.</b>

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: \_\_\_\_\_

Teacher's Name: \_\_\_\_\_ Date: \_\_\_\_\_

**My child who attends:**

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

Parents of Ridge-Brook students must also complete a Transportation form

\_\_\_\_\_ **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. You will be notified via Email when this registration form is received at the Discovery Center office and your child is registered. Once your student is registered, the Parent / Student handbook will be provided.**

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

\_\_\_\_\_  
Parent/Guardian's Email address

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

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

# PARENTAL CONSENT TO RELEASE INFORMATION

## PLEASE PRINT

Name of Child \_\_\_\_\_ Date of Birth \_\_\_\_\_  
First Middle Last (month/day/year)

\_\_\_\_\_  
Social Security Number \_\_\_\_\_  
Name of Parent/Guardian \_\_\_\_\_ Date of Birth \_\_\_\_\_  
First Middle Last (month/day/year)

\_\_\_\_\_  
Last Four (4) Digits of Parent's Social Security Number \_\_\_\_\_ (optional)

Address \_\_\_\_\_ Telephone ( ) ( )  
Street City State Zip Code Home Work

Your child is being asked to participate in a study about Out-of-School Time (OST) services in Cuyahoga County. They have been selected to participate because you and/or your child's Out-of-School Time provider will receive assistance from a local community agency in order to provide your child with better services. Please read this form and ask any questions that you may have before agreeing to allow your child to participate in the research project below.

**Background Information and Procedures:** The Cuyahoga County Out-of-School Time System and Starting Point for Child Care and Early Education are collaborating with Family and Children First Council (FCFC) to conduct an evaluation of the Out-of-School Time services in Cuyahoga County. Cuyahoga County Out-of-School System is a collaborative effort to promote and improve effective parenting, healthy youth, and quality Out-of-School Time services in order to assure the well being of all youth in Cuyahoga County. Starting Point is an organization that coordinates the Out-of-School Time strategy in Cuyahoga County. The purpose of this study is to learn about the effectiveness of the training and technical assistance provided to Cuyahoga County Out-of-School Time providers, and the impact of the provision of Out-of-School Time activities to youth and families.

By participating in the research, your child's progress will be monitored and assessed, and your child may be asked to complete a personal assessment and profile. If you agree to allow your child to participate in this research project, their contact information (written above) and information related to the assistance provided by the agency will be released from Starting Point to FCFC. Starting Point will continue to release this information for six months after the initiation of services or for as long as the agency provides assistance to you and/or your Out-of-School Time provider (whichever is longer). You may also choose to participate in another aspect of the study in which you will be contacted and asked about your experiences and opinions related to Out-of-School Time services.

**Risks and Benefits of Being in the Study:** There are no known risks to participate in this study and although there are no benefits to your child, their participation may have a positive effect on the services available to families and Out-of-School Time providers in Cuyahoga County.

**Confidentiality and Voluntary Nature of Study:** The records of this research will be kept private. It will not be possible to identify an individual participant in any report that might be published. Your child's participation is completely voluntary and their refusal to participate will not affect the services you, your child, or your Out-of-School Time provider receives from an agency. You may choose to end your child's participation at any time by requesting a Revocation Form from the agency that requested your consent.

**Contacts:** If you have any questions about this study, you can contact Starting Point's Out-of-School Time Department at 216-575-0061.

### Please Circle YES or NO and Initial:

YES \_\_\_\_\_ NO \_\_\_\_\_ I agree to have information related to the assistance my child receives from the agency/agencies, as described in this consent form, released to FCFC by Starting Point.

YES \_\_\_\_\_ NO \_\_\_\_\_ I agree to be contacted to participate in a related study (e.g. survey, focus groups, etc.)

YES \_\_\_\_\_ NO \_\_\_\_\_ Check and initial here if you are granting Starting Point, FCFC and the Cleveland Public Library permission to use your child's image, name, photograph, video, likeness, voice and statements in connection with marketing, publicity, advertising, promotion and publication purposes in any type of media including, without limitation, print, videotape, CD/DVD, promotional materials, radio, television and Internet.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Community Agency Staff:** I have reviewed the contents of this form with the person signing above.

Signature of Agency Staff/Representative \_\_\_\_\_ Date \_\_\_\_\_

Agency Name \_\_\_\_\_

(A copy of this signed consent is as valid as the original)

Original – Starting Point  
Yellow Copy – Agency  
Pink Copy – Parent/Guardian



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