

# Clover Kids Toolbox

## Section F

### Recruitment

### Children

## What Is Clover Kids?

Clover Kids is a FUN youth program specially designed for children in Kindergarten—3rd grade. The focus is on hands-on cooperative learning in small groups. Clover Kids participate in activities, games, and other positive experiences in a supportive, creative, challenging and fun environment.

## What Can Your Child Expect To Do In Clover Kids?

- Participate in activities uniquely suited to their development
- Grow and learn in a non-competitive environment
- Participate in hands-on activities
- Have Fun
- Develop skills
- Meet new friends

## Clover Kids Leader

The leader for this program is *leader name* with assistance from 4-H members.

**Detach and return bottom portion & reverse side with payment to:**

**ISU Extension, address, city, IA zip**

**Registrations accepted on a first come—first serve basis until the class is full**

## 4-H Clover Kids Registration

— Please Print —

Youth Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Phones: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Person & phone number of an individual that could be contacted during Clover Kids from 3:30-5:00 p.m. \_\_\_\_\_

Amount enclosed per child: \_\_\_\_\_ \$30.00

I would be willing to be a helper to the volunteer leader: \_\_\_\_\_ YES \_\_\_\_\_ NO

### Photo Release Consent

\_\_\_\_ Yes, photographs of my child may be used for publicity purposes, including the county Extension web page.

\_\_\_\_ No, do not use photographs of my child.

### HEALTH INFORMATION (Circle all that apply)

Does the child have any of the following conditions or a history of any of the following conditions?

Asthma	Bronchitis	Fainting Spells
Diabetes	Ear Infections	Heart or cardio-vascular problems/disease
Convulsions/seizure	Hay Fever	Chronic bone, muscle or joint injuries
Migraine headaches	Other condition(s): (Please list) _____	

Allergies or reactions: (Circle all that apply)

Aspirin	Penicillin	Dairy	Gluten	Peanuts
Insect bites or stings	Ivy/oak/sumac toxins	Other (list) _____		

Is your child currently on any prescribed or over-the counter medication? (If so, please record the condition/ailment, name of medication, dosage, time(s) of day, prescribing physician.) \_\_\_\_\_

Date of last tetanus shot (approximate): \_\_\_\_\_

**Release Information:** Beyond parents, these individuals are authorized to pick up my child from Clover Kids and can be contacted if my child gets sick or needs medical attention. (Note: If there are any changes to this information, please send written notification.)

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone(s) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone(s) \_\_\_\_\_

# 4-H CLOVER KIDS

**WHO:** Kindergarten through Third grade students

**WHERE:** *(include location name and address)*

**WHEN:**

**TIME:** *(beginning and end time)*

**COST:** *(include if there is a fee)*

Class size is limited; don't delay! *(include if there is a limited amount of spaces.)*

## ISU EXTENSION— XXX COUNTY

**Address, City, IA Zip**

CONTACT: *Name*, Extension 4-H County Youth Coordinator

*Phone*, email: *xcounty@iastate.edu*



### 4-H ASSUMPTION OF RISK AND RELEASE OF LIABILITY *(Please read carefully.)*

I give permission for \_\_\_\_\_ to participate in the 4-H program.

I understand that 4-H project activities/events may involve certain risks of physical activity and possible injury and that Iowa State University and its 4-H program will provide each participant with reasonable care, but that ISU cannot guarantee that my child will remain free of injury. I nonetheless wish to have my child participate in the 4-H program and ASSUME the RISK of participating. I agree to RELEASE from LIABILITY, INDEMNIFY and HOLD HARMLESS the State of Iowa, the Board of Regents of the State of Iowa, ISU and ISU Extension and their officers, employees and agents (hereinafter the RELEASEES) from any and all claim and/or cause of action arising out of and related to any injury, loss, penalties, damage, settlement, costs or other expenses or liabilities that occur as a result of my child's participation in the 4-H program. This release, however, is not intended to release the above-mentioned RELEASEES from liability arising out of their sole negligence.

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### MEDICAL EMERGENCY PARENTAL PERMISSION

The health history for my child is correct and complete to my knowledge. If an injury or other medical condition occurs or arises, I hereby give permission to the ISU Extension staff or volunteer to provide routine health care and seek emergency treatment including x-rays or routine tests. I agree to the release of any record necessary for treatment, referral, billing or insurance purposes. I understand that I am financially responsible for charges and hereby guarantee full payment to the attending physicians or health care unit. In the event of an emergency where I cannot decide for my child, I give permission to the physician/hospital selected by the ISU Extension staff or volunteer to secure and administer treatment for my child, including hospitalization. (\*If you cannot sign this section of the form for any reason, contact the County Extension Director regarding a legal waiver in order to attend and participate.)

\_\_\_\_\_ initial \_\_\_\_\_ date

### CODE OF CONDUCT

I understand that the following individual behaviors make group activities difficult and I will be asked to pick up my child from Clover Kids if there is a problem.

- Physical harm
- Leaving the group without permission
- Unsafe behavior
- Illness
- Inappropriate language
- Refusal to follow the rules

\_\_\_\_\_ initial \_\_\_\_\_ date

IOWA STATE UNIVERSITY  
University Extension



# Join the **NAME** Clover Kids Group



## **Who:**

Kindergarten—3rd Grade Students  
(Parents are welcome to stay.)

## **What:**

Fun games, Educational Activities, Creative crafts,  
Yummy snacks, and Time with friends



## **When:**

*Date*  
*Time*



## **Where:**

*Location (include street address)*

## **For Parents:**

Clover Kids is a FUN 4-H Youth Development program specially designed for children in Kindergarten through 3rd grades.

The focus is on hands-on, cooperative learning.

The primary goal is to promote children's healthy development—mentally, physically, socially, and emotionally.

Please accompany your child(ren) into the meeting to sign-in.

Enrollment information and meeting schedule will be available at the first meeting.

## **Questions:**

*Volunteer Name, Clover Kids Leader, Phone Number, E-mail*

# QUICK AND EASY ACTIVITIES FOR A CLOVER KIDS PROMOTION BOOTH

Quick and easy (not messy!) activities will get the children to the booth! Show them how to do the activity and let them go at it while you tell them all the wonderful things they will do in...



So, grab the Clover Kids Book Marks and break out the green....some 4-H stickers and 4-H pencils so you can have a great time promoting the BEST program in the world!!!

## BALLOON ROCKETS

You will need: scissors, tape, straws, square post it notes (See the Rockets Away Curriculum!)

Cut the open end off a water balloon

Put the hole of the balloon in one end of a drinking straw

Fold the end of the balloon over and tape securely (so air doesn't leak out)

Cut a post it note diagonally and tape to the straw.

Blow through the straw to inflate the balloon and let go!

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## COLORING PAGES



<http://www.extension.iastate.edu/4H/Clover/clipart.htm>

Just use any of the clip art from the Clover Kids web page, blow it up and print it off!

Sample on next page



CAN YOU PICTURE  
YOURSELF HAVING  
FUN?

BEE-ING A  
CLOVER KID?

**Contact Information:**



## SUNCATCHER STARS

You will need pipe cleaner or chenille sticks cut in half and clear tri-beads

Put a bead on a pipe cleaner. Bend the end back over the beads so they don't fall off.

Fill the whole pipe cleaner with beads. Twist another pipe cleaner around the middle of the finished pipe cleaner. Put beads on it as well. Keep adding pipe cleaners and beads!



## FINGER PALS

You will need 1 inch Styrofoam balls, felt circles, googly eyes glue sticks, chenille sticks

Glue the felt circles to the Styrofoam balls. Then add googly eyes.  
Use the chenille stick to add hair and other features

Finally stick a chenille stick in the bottom of both balls and "wear" under your finger.

<http://www.bfranklincrafts.com/CraftIdea-FingerFriends.html>



## SUPER SOUNDS

You will need METAL objects like kitchen utensils or hangers and string

Tie the string to the metal utensil or hanger.

Bang the metal item on the table.

Next, put the string up to your ears and "close your ears with your fingers holding the string.



# FINGERPRINT PICTURES

You will need: washable markers, wet wipes, and paper

Color on your thumb using a WASHABLE marker. Put your thumbprint on the paper.

Keep putting thumbprints on the paper with as many colors you want, making a design or picture with the thumbprints.

Hint: Wipe off your thumb using a wet wipe between colors.

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## 4-H BOOKMARKS

You will need pony beads, 18 inch cording, permanent marker, "star" beads, and scissors

Take a piece of 18 inch cording/string. Fold it in half.



Tie a knot on the bottom of the strings and cut any excess string.



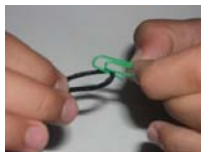
Choose the beads you like and slide both strings.



them over the loop onto



Attach the paperclip to the loop.



# ELECTRIFYING ART

You will need the Funtivities Kit, markers, labels,  
2 inch squares of cardstock paper, and 4x3 pieces of construction paper.

## BEFORE

Put the battery in the holder and connect all but one wire to the holder.  
Use a pin to poke a small hole in the center of the cardstock.

This electrifying work of art was  
made by

Place the cardstock on the motor. Make sure it is flat!  
Hook up the wires so the motor turns.  
GENTLY decorate/draw on the cardstock with the marker as the card stock turns.  
Glue the work of art to a background and put a label on!

Hint: If you switch the wires-the motor turns the opposite direction.

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# PARFAIT

You will need: plastic spoons, Dixie cups, yogurt and fruit

Using a plastic spoon, put in a Dixie cup:  
2 spoons of yogurt (strawberry is WAY yummy!)  
1 spoon of fruit  
1 spoon of yogurt  
1 spoon of fruit

EAT! Good fruits to use are: apple slices, banana slices, blueberries, strawberries, etc.

# GORP

**You will need: zip lock bags, measuring cups or spoons, Cheerios, raisins, chocolate chips, M&M's, peanuts, and other goodies**

Put in a baggie:

1 scoop (use different size measuring cups/spoons) of:

Cheerios

Raisins

Chocolate Chips

Peanuts (Use with discretion due to peanut allergies.)

M&M's

Whatever else you want to use! 😊