CLOVER KIDS ENROLLMENT FORM

Adair County

Meets 1st Saturday of each month from 10:00 - 11:30 am

Last Name ___________________________ First Name ___________________________ M.I. __

Address ___________________________ City ________________________ Zip _______

School ___________________________ Grade _____ Birthdate ____________

Telephone ___________________________ E-mail ___________________________

Preferred Reminder Method (Circle One)  Postcard   Email   Text Message

For text message reminder Cell Phone Number __________________ Provider ____________

Ethnicity (Circle One)  Caucasian  African Am.  Am. Indian  Hispanic  Asian Am.  Mixed

Gender (Circle One)  Male  Female  Residence (Circle One)  Farm  Rural  Under 10,000

Parent/Guardian Name ____________________________________________________________

I want the Extension Office to be aware of the following disability and/or allergy: __________

________________________________________________________________________

At times we prepare news releases recognizing the accomplishments of Clover Kids. Sometimes we include the name(s) of the Clover Kid parents/guardians.

Preferred listing of parents/guardians name(s) ______________________________________

Adult Volunteers

Teen volunteers lead most of the Clover Kids activities. However, we are in need of adult volunteers to help. If you could help at least one meeting during the year, please check your preferred way to assist.

o Provide adult supervision at a meeting/
-o Assist by planning and leading craft/art activities.
-o Assist by leading a nutrition lesson and helping youth prepare snacks.
-o Assist by planning and leading games.
-o Provide a theme lesson (i.e. caring for a pet, celebrating dairy month, growing flowers)

I would be available to help the following months: ______________________________________

Parent Signature: ________________________________ Date: ____________________

Complete the Clover Kids Enrollment Form and the Medical Information/Release Form (both sides). Return both forms including the one-time registration fee of $15.00 (checks made payable to Adair County Extension) to: Adair County Extension, 154 Public Square, Suite C, Greenfield IA 50849

Need-based scholarships are available for children who qualify for free (cost is $5.00) or reduced (cost is $10.00) school lunch programs. Scholarships are confidential.