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OWN & OK
THE YOUTH GUIDE FOR STAYING HOME ALONE

When: September 12, 1-7pm

Who: Kids ages 9-14 (those who are ready or nearly ready to be able to stay home alone)

Where: 4-H Building on the Cedar County Fairgrounds (we will have staff meet participants at the Tipton Middle School and walk them to the fairgrounds)

What: To provide guidance and skills to help youth safely stay home alone. Cost is \$15 per youth which includes all supplies, a snack and supper.

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NAME: _____ AGE: _____

GRADE '18-'19: _____ PARENT/GUARDIAN NAME: _____

EMAIL: _____ PHONE #: _____

EMERGENCY CONTACT (OTHER THAN PARENT LISTED): _____

RELATIONSHIP: _____ PHONE #: _____

MEDICATIONS THIS CHILD IS TAKING & MEDICAL CONDITIONS: _____

DRUG/FOOD ALLERGIES: _____

ACTIVITY RESTRICTIONS: _____

DOES YOUR CHILD HAVE A HANDICAP OR DISABILITY WHICH REQUIRES SPECIAL ATTENTION? IF YES, PLEASE DESCRIBE: _____

IF YOUR CHILD HAS A ONE-ON-ONE ASSOCIATE DURING THE SCHOOL DAY, PLEASE CALL (563.886.6157) PRIOR TO REGISTRATION SO WE CAN DISCUSS HOW YOUR CHILD WOULD BE MOST SUCCESSFUL IN THIS CLASS.

Please mail or deliver registration form and appropriate registration fee to:
 Cedar County Extension and Outreach
 107 Cedar St. Tipton, IA 52772
 (563)886-6157

REFUND POLICY:
 Once payment is received there will be no refunds for cancellation. If you are on a wait-list and not cleared or the session is cancelled, your money will be refunded to you.

These funds must be used to offset direct expenses related to the fee program area in which the funds were generated.

Parent or Guardian: I understand that first aid will be available, that my child will be supervised, and that if a serious injury or illness develops, I will be notified and medical and/or hospital care will be given. If contact is impossible, I give permission for emergency treatment recommended by the attending physician. Photo release: I understand that photos or videos may be taken during our Summer Camps that may be used in publicity or promotional materials by ISU Extension. If you object, please notify the Extension Office.

Signature: _____ Date: _____

OFFICE USE ONLY	
Date Received _____	Receipt # _____
Amount _____	Check # _____
Cash	