



**RETURN TO:**  
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**What Is Clover Kids?**

Clover Kids is a FUN youth program specially designed for children in Kindergarten- 3<sup>rd</sup> grade. The focus is on hands-on cooperative learning in small groups. Clover kids participate in hands-on activities uniquely suited to their development \*Have Fun\* Grow and learn in a non-competitive environment\* Develop lifelong skills\* Meet new friends.

**Page County 4-H Clover Kids Registration – ALL FIELDS REQUIRED**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Child lives:  On Farm  Rural Non-Farm  In Town  
Child's Ethnicity:  Asian  Black  White  
 American Indian/Alaska Native  
 Hispanic/Latino  Prefer not to State

School Name: \_\_\_\_\_ Grade: \_\_\_\_\_ 1st Year in Clover Kids?  Yes  No

Parent's Names (1st & Last): \_\_\_\_\_

Phones: Home \_\_\_\_\_ Cell 1: \_\_\_\_\_ Cell 2: \_\_\_\_\_

Is either parent Military?  Yes - Branch: \_\_\_\_\_  No

Computer/Web Access at home?  Yes  No MAIN Email: \_\_\_\_\_

Emergency Contact (Other than parent): \_\_\_\_\_ Phone: \_\_\_\_\_

Which chapter would you like to join?:  Clarinda Clover Kids  Shenandoah Clover Kids

Child's T-Shirt Size \_\_\_\_\_ Food Allergies:  Yes - Specify: \_\_\_\_\_  No

**I give the following authorizations for my child:**

- Transportation by 4-H Leader  Transportation by 4-H Volunteer  Photography Release
- I wish to disclose my child's medical condition (please attach information)

I would be willing to be a volunteer and help with the Clover Kids program:  Yes  No

**Page County Extension and Outreach pays enrollment fees for Clover Kids to support 4-H Enrollment**

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Does child have siblings already in 4-H?**

- Yes  
Sibling name(s): \_\_\_\_\_  
\_\_\_\_\_  
4-H Club \_\_\_\_\_
- No – Our family is new to 4-H

**OFFICE USE ONLY BELOW**

DATE:
ENTERED IN 4-H ONLINE DATE:
SENT TO CLUB DATE: