



**First or Second Wednesday of the Month | 2:30-4:00 pm | BGM School | K-3<sup>rd</sup> graders**

**What Is Clover Kids?**

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

**Dates:**

Group 1: October 5<sup>th</sup>, November 2<sup>nd</sup>, December 7<sup>th</sup>, January 11<sup>th</sup>, February 1<sup>st</sup>, March 1<sup>st</sup>, and April 5<sup>th</sup>

Group 2: October 12<sup>th</sup>, November 9<sup>th</sup>, December 14<sup>th</sup>, January 18<sup>th</sup>, February 8<sup>th</sup>, March 8<sup>th</sup>, and April 12<sup>th</sup>

**Contact Information:** Poweshiek County Extension      **Phone:** 641-623-5188      **Email:** [xpoweshiek@iastate.edu](mailto:xpoweshiek@iastate.edu)

**Registration:**

Send the below form and payment to Poweshiek County Extension:

**P.O. Box 70, Montezuma, IA 50171 or scan and email to [xpoweshiek@iastate.edu](mailto:xpoweshiek@iastate.edu)**

**Registrations accepted on a first come – first served basis until Clover Kids is full (15-20 kids per session)**

### 4-H Clover Kids Registration

**Youth Name:** \_\_\_\_\_

**Grade:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **School:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City, State, and Zip:** \_\_\_\_\_

**Parent Name:** \_\_\_\_\_ **Parent Phone Number:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Name & phone number of an individual that could be contacted during Clover Kids (2:30 to 4:00 pm):**

Permission to take photographs and record video/audio of youth during programming activities.

In addition, photographs and recorded video/audio may be electronically displayed.      Yes \_\_\_\_\_ No \_\_\_\_\_

Please choose **one** session that works for your family:      First Wednesday \_\_\_\_\_ Second Wednesday \_\_\_\_\_

**Child's T-Shirt Size** \_\_\_\_\_ **Food/Other Allergies:** \_\_\_\_\_

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

**\$40 enclosed** (to cover t-shirts, snacks, and supplies): \_\_\_\_\_ (Please make checks payable to **Poweshiek County Extension**)

**\*\* If financial assistance is needed, an application is available for full and/or partial scholarships upon request.**

Once we receive your Registration form, we will email you instructions for finishing enrollment on 4-H online.