



After school

# STEM Club

Science\*Technology\*Engineering\*Math

Do you love science class?

Do you want to learn more about careers in science?

Do you need a fun place to be after school?

Do you want to hang out with friends AND learn?

DO YOU WANT TO BE IN A CLUB?

## JOIN US!

**Who:** 3rd-5th grade students

**When:** 3:30 p.m.—5 p.m. 2 sessions will be offered March-April. Select 1 or both sessions

**Where:** Lincoln Elementary Library

**Why:** Have fun exploring and experimenting. Snacks will be provided.

**Leaders:** Liz Goodwin, Julie Timmins, Amy Green

**How:** Turn in registration form with fee to Lincoln Office by Mar 1 - 30 max

### SESSION 1: Catch the Wind

Become a mechanical engineer and learn the secrets of designing sails and blades to catch the wind and turn it to power. Your design will move boats, turn windmills and lift weights.

\$10 fee or \$5 if a 4-H member

**Mar 7, 14, 28**

### SESSION 2: Robots on Parade

Bring computer science to life! Write a special code and program the Bee Bots to complete their own unique parade route. Program robots Dot and Dash to speak, flash lights, toss balls and more!

\$10 fee or \$5 if a 4-H member

**Apr 11, 18, 25**

## STEM Club: Registration Form

Return form and fee due March 1 (first come, first serve) to Lincoln Elementary School Office or Wash. Co. Extension

Make checks payable to Washington County Extension

**Fee \$ and registration form DUE March 1!!!**

Circle Your Session Choice (can be 1 or both):    Session 1 (Mar 7, 14, 28)

Session 2 (Apr 11, 18, 25)

Name: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Parent Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Are you a current 4-H Member?\*\*(circle one):    Yes    No

Grade: \_\_\_\_\_

\*\*This is not a requirement. This STEM Club is open to all 3rd-5th graders.

*The following information is collected for data reporting because this a grant funded program. Thank you for your response.*

Sex (circle one):    Male    Female    Ethnicity (circle one):    White    Black    Hispanic    Asian    American Indian/Alaskan

Residence (circle one):    Farm    Town    Rural (not farm)

**(Turn form over and complete backside)**



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## HOW TO GET INVOLVED

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*For more information on how to get involved in additional youth programs as either a participant or volunteer, please contact:*



**Amy Green, 4-H/Youth Coordinator**  
**Washington County Extension**  
**2223 250<sup>th</sup> St.**  
**Washington, Iowa 52353**  
**319-653-4811**  
**amygreen@iastate.edu**  
**[www.extension.iastate.edu/washington/](http://www.extension.iastate.edu/washington/)**

Iowa State University Extension and Outreach does not discriminate on the basis of age, disability, ethnicity, gender identity, genetic information, marital status, national origin, pregnancy, race, religion, sex, sexual orientation, socioeconomic status, or status as a U.S. veteran. Direct inquiries to Ross Wilburn, 515-294-1482, [wilburn@iastate.edu](mailto:wilburn@iastate.edu).

*Thank you, Bazooka Farmstar, for sponsoring this STEM Club. We appreciate the value you place on the youth of this community having quality science and engineering experiences!*



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### (Registration form continued)

#### **Health & Permission Statement**

Medications needed during this session: (dose, name, time): \_\_\_\_\_

Allergies (please include food allergies because snacks will be served): \_\_\_\_\_

Does your child have any behavior needs/concerns that we need to be aware of for a positive experience? Please explain.

#### **Parent Permission**

I hereby give permission for \_\_\_\_\_ to attend this camp program hosted by Washington County Extension. I understand that I will be notified if my child is not respecting others and in the event of severe weather I will pick my child up immediately. Cancellations will be listed on KCII 106.1 and through school announcements. Extension staff/volunteers will supervise the event and provide necessary emergency care. If a serious illness or injury develops and medical and/or hospital care is necessary, I give permission for emergency treatment or surgery as recommended by the attending physician.

Extension staff may photograph my child for media and website usage.

Parent's Signature: \_\_\_\_\_

Family Physician Name: \_\_\_\_\_ Physician's Phone: \_\_\_\_\_

In case I cannot be reached during the course of the program, please contact:  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Please check the appropriate response:

\_\_\_\_\_ I will pick my child up at 5 p.m. each evening from Lincoln School.

\_\_\_\_\_ I give permission for my child to walk home after this program.

\_\_\_\_\_ My child will be picked up by: \_\_\_\_\_

