



Sponsored by **B** BAZOOKA FARMSTAR

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)



IOWA STATE UNIVERSITY
Extension and Outreach

Washington County Extension & Outreach
2223 250th St., Washington, IA 52353
319-653-4811
www.extension.iastate.edu/washington

HOW TO GET INVOLVED

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 250th St.
Washington, Iowa 52353
319-653-4811
amygreen@iastate.edu
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.

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!



(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: _____

