



KIDZ STEM KAMP



Register Online with the QR Code or at:
https://kstate.qualtrics.com/jfe/form/SV_03vt3iLUxd1EJDU



Mail or drop the registration form at your
local Extension Office or at the
Sherman County Extension Office
813 Broadway, RM 301
Goodland, KS 67735
785-890-4880

DATE: JULY 3, 10, & 17
TIME: 1:30 - 3:30 PM CT
WHERE: Cheyenne County Fairgrounds
1555 RD 15
St. Francis, KS 67756
AGES: 7 to 12 years old
COST: \$0
CONTACT: karennelson@ksu.edu

July 3



STEM Challenges

- ✓ Explore
- ✓ Experiment
- ✓ Solve Challenges
- ✓ Rockets
- ✓ Soma Cube

July 10



Are you up to the Challenge?

- ✓ Minute to Win It!
- ✓ Competition
- ✓ Communication
- ✓ Teamwork
- ✓ Cooperation
- ✓ Problem Solving

July 17



DIY Potions

- ✓ Bath Products
- ✓ Lip Balm
- ✓ Soap
- ✓ Candles

Kansas State University is committed to making its services, activities and programs accessible to all participants. Reasonable accommodations for persons with disabilities may be requested by contacting the Sunflower Extension District #6 - Goodland Office at 785-890-4880 or email karennelson@ksu.edu. Notify staff of accommodation needs as early as possible. Kansas State University Agricultural Experiment Station and Cooperative Extension Service. K-State Research and Extension is an equal opportunity provider and employer.





KIDZ STEM KAMP

DATE: JULY 3, 10, & 17
TIME: 10:00 AM CT - Noon
WHERE: Cheylin High School
103605 Bird Ave
Bird City, KS 67732
AGES: 7 to 12 years old
CONTACT: karennelson@ksu.edu

Cost:
\$0

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Sunflower Extension District KIDZ STEM KAMP Registration Form is due June 19, 2024

- Fill out one per participant:

Name:	Address, Town, St, Zip	Parent Phone # & Emergency Contact
Age:		
Grade:		Email:
Race: Check all that apply <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pac. Isl. <input type="checkbox"/> White or Caucasian <input type="checkbox"/> Two or more races <input type="checkbox"/> Choose not to provide	Ethnicity: Check all that apply <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Choose not to provide <input type="checkbox"/> Not Hispanic or Latino Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Choose not to provide	Residence: Check all that apply <input type="checkbox"/> Farm <input type="checkbox"/> Rural (under 10,000) <input type="checkbox"/> Town (10,000 - 50,000) <input type="checkbox"/> Suburb of cities (less than 50,000) <input type="checkbox"/> Central Cities (Greater than 50, 000) Are you a 4-H Member? Circle: Yes or No Is this your first time attending a Sunflower Extension Summer Event? Circle: Yes or No

Circle Yes or No for the event you registering for:

- Yes No KIDZ STEM KAMP - Bird City July 3, 10, & 17 10: 00 AM CT - Noon Ages: 7-12 years old
 Yes No KIDZ FOOD SCIENCE - St. Francis July 3, 10, & 17 1:30 - 3:30 PM CT Ages: 7-12 years old

Circle Yes or No on the following release statements & provide your signature on the parent signature line.

- **Photo Release:**

Yes No I authorize the Sunflower Extension District & Sherman County 4-H to record and photograph my child’s image(s) and/or voice (or that of my child), if under 18) for use in educational & promotional programs.

- **Evaluation Release:**

- Yes No I give permission for my child to complete evaluations that will be used to determine program effectiveness or to promote the program.
 Yes No I understand that participation in program evaluations is voluntary and that my child may choose not to participate and may withdraw from evaluations without impact on my or my child’s eligibility to participate in the 4-H program.
 Yes No I understand that my child may be asked for consent before completing an evaluation.
 Yes No I am willing to or give permission for my child to participate in any program evaluation.

- **Medical Release:**

Yes No I give permission for my child to be treated by a health professional in case of illness or an accident while at the Sunflower Extension Day Camps

- **If any special accommodations are required, please describe them (this includes allergies to food and products).**

Parent Signature: _____

Date: _____