KIDZ STEM KAMP

DATE: JULY 2, 9, & 16
TIME: 9:30 - 11:30 AM MT
WHERE: Sherman County 4-H Building
417 Main Ave
Goodland, KS 67735
AGES: 7 to 12 years old
CONTACT: karennelson@ksu.edu

Cost: $0

July 2
STEM Challenges
- Explore
- Experiment
- Solve Challenges
- Rockets
- Soma Cube

July 9
Games
Are you up to the Challenge?
- Minute to Win It!
- Competition
- Communication
- Teamwork
- Cooperation
- Problem Solving

July 16
DIY Potions
- Bath Products
- Lip Balm
- Soap
- Candles

Register Online with the QR Code or at:
https://ksstate.qualtrics.com/jfe/form/SV_03v3JIlUxID5jDU

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

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 FOOD SCIENCE

DATE: July 11 & 18, 2024
TIME: 1:30 – 3:30 PM MT
WHERE: Goodland
Sherman 4-H Building
417 Main Ave., Goodland, KS 67735
CONTACT: karennelson@ksu.edu
COST: $0.00

FOOD SCIENCE ACTIVITIES
Experiments
What is leavening?
What is acid in baking?
Reactions

AGES 7–12

REGISTER ONLINE WITH THE QR CODE OR AT:
https://kstate.qualtrics.com/
\je/form/SV_03v3L1Lxk1EjDU of body text

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

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KIDZ STEM KAMP

DATE: JULY 2, 9, & 16
TIME: 1:30 - 3:30 PM MT
WHERE: Kanorado Senior Center
211 Main St.
Kanorado, KS 67741
AGES: 7 to 12 years old
CONTACT: karennelson@ksu.edu

Cost: $0

Register Online with the QR Code or at:
https://ksate.qualtrics.com/jfe/form/SV_03v3JLUXd1EjDU

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

July 2
STEM Challenges
✓ Explore
✓ Experiment
✓ Solve Challenges
✓ Rockets
✓ Soma Cube

July 9
GAMES
Are you up to the Challenge?
✓ Minute to Win It!
✓ Competition
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July 16
DIY Potions
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Sunflower Extension District KIDZ STEM KAMP Registration Form is due June 19, 2024

- Fill out one per participant:

<table>
<thead>
<tr>
<th>Name:</th>
<th>Address, Town, St, Zip</th>
<th>Parent Phone # &amp; Emergency Contact</th>
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<table>
<thead>
<tr>
<th>Age:</th>
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<table>
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<tr>
<th>Grade:</th>
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<table>
<thead>
<tr>
<th>Race: Check all that apply</th>
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</thead>
<tbody>
<tr>
<td>American Indian or Alaskan Native</td>
</tr>
<tr>
<td>Asian</td>
</tr>
<tr>
<td>Black or African American</td>
</tr>
<tr>
<td>Native Hawaiian or other Pac. Isl.</td>
</tr>
<tr>
<td>White or Caucasian</td>
</tr>
<tr>
<td>Two or more races</td>
</tr>
<tr>
<td>Choose not to provide</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Ethnicity: Check all that apply</th>
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<tbody>
<tr>
<td>Hispanic or Latino</td>
</tr>
<tr>
<td>Not Hispanic or Latino</td>
</tr>
<tr>
<td>Choose not to provide</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Gender:</th>
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<tbody>
<tr>
<td>Male</td>
</tr>
<tr>
<td>Female</td>
</tr>
<tr>
<td>Choose not to provide</td>
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<table>
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<th>Email:</th>
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<tr>
<th>Residence: Check all that apply</th>
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<tbody>
<tr>
<td>Farm</td>
</tr>
<tr>
<td>Rural (under 10,000)</td>
</tr>
<tr>
<td>Town (10,000 - 50,000)</td>
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<tr>
<td>Suburb of cities (less than 50,000)</td>
</tr>
<tr>
<td>Central Cities (Greater than 50,000)</td>
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</tbody>
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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 are registering for:

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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</tr>
</tbody>
</table>

Circle yes 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: __________________