



JOIN US FOR 2 HOURS EACH WEEK FOR
"HANDS-ON" ACTION PACKED FUN, SCIENCE,
GAMES, SNACKS, ART AND OUTDOOR LEARNING.
THIS CAMP IS FOR YOUTH COMPLETING
1ST-5TH GRADE THIS SCHOOL YEAR (2015-16)

CHECK THE LOCATION AND TIME WHERE YOU WILL ATTEND:

☐ IOWA CITY-MERCER PARK

THURSDAYS: JUNE 9, 16, 23, 30, JULY 7
1:30 PM - 3:30 PM

☐ LONE TREE-NORTH PARK

MONDAYS: JUNE 6, 13, 20, 27, JULY 11
9:00 AM - 11:00 AM

☐ NORTH LIBERTY-PENN MEADOWS PARK

WEDNESDAYS: JUNE 8, 15, 22, 29, JULY 6
9:30 AM - 11:30 AM

☐ NORTH LIBERTY-PENN MEADOWS PARK

WEDNESDAYS: JUNE 8, 15, 22, 29, JULY 6
1:00 PM - 3:00 PM

☐ OXFORD-CREEKSIDE PARK

FRIDAYS: JUNE 10, 17, 24, JULY 1, 8
9:30 AM - 11:30 AM

☐ SOLON UNITED METHODIST CHURCH FAMILY LIFE CENTER

THURSDAYS: JUNE 9, 16, 23, 30, JULY 7
9:00 AM - 11:00 AM

☐ SWISHER-CASTEK PARK

TUESDAYS: JUNE 7, 14, 21, 28, JULY 5
9:00 AM - 11:00 AM

☐ TIFFIN-CCA SCHOOLS, WEST CAMPUS

TUESDAYS: JUNE 7, 14, 21, 28, JULY 5
1:30 PM - 3:30 PM

2016 4-H ON WHEELS SUMMER CAMP REGISTRATION

BY MAY 10, RETURN THIS FORM TO JOHNSON CO. EXTENSION | 3109 OLD HIGHWAY 218 SOUTH IOWA CITY, IOWA 52246

☐ I'VE ENCLOSED \$35 FOR THE REGISTRATION FEE; PLEASE MAKE CHECKS PAYABLE TO JOHNSON COUNTY EXTENSION

☐ OUR FAMILY RECEIVES FREE OR REDUCED SCHOOL LUNCH; NO FEE

CHILD'S NAME: _____ GRADE (2015-16): _____ GENDER: ☐ MALE ☐ FEMALE

RESIDENCE: ☐ IOWA CITY ☐ CORALVILLE OR NORTH LIBERTY ☐ SOLON, SWISHER, OXFORD, TIFFIN OR RURAL AREA ☐ FARM

ETHNIC/RACE: ☐ WHITE ☐ BLACK/AFRICAN AMERICAN ☐ AMERICAN NATIVE ☐ ASIAN ☐ HAWAIIAN/PAC. ISLAND ☐ HISPANIC

HOME ADDRESS _____ CITY _____ ZIP CODE _____

PARENT/GUARDIAN'S NAME _____ PARENT/GUARDIAN'S HOME PHONE _____

PARENT/GUARDIAN'S WORK OR CELL PHONE _____ PARENT/GUARDIAN'S EMAIL _____

BACKUP CONTACT'S NAME _____ RELATIONSHIP TO PARTICIPANT _____ DAYTIME PHONE _____

PARENT OR GUARDIAN: I UNDERSTAND THAT FIRST AID WILL BE AVAILABLE, THAT IF A SERIOUS INJURY OR ILLNESS DEVELOPS, I WILL
BE NOTIFIED AND MEDICAL AND/OR HOSPITAL CARE WILL BE GIVEN. IF CONTACT IS IMPOSSIBLE, I GIVE PERMISSION FOR EMERGENCY
TREATMENT RECOMMENDED BY THE ATTENDING PHYSICIAN.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

4-H ON WHEELS SUMMER CAMP IS OPEN TO ALL YOUTH; NO PREVIOUS 4-H EXPERIENCE IS NECESSARY

FOR MORE INFORMATION, CONTACT THE JOHNSON COUNTY/IOWA STATE UNIVERSITY EXTENSION & OUTREACH OFFICE
319-337-2145 OR JMMARTIN@IASTATE.EDU