

Today's Date: \_\_\_\_\_

New Member \_\_\_\_\_

Returning Member \_\_\_\_\_

Enrollment Year: 17/18

### 4-H Enrollment Form

**PLEASE PRINT  
CLEARLY!**



Club: \_\_\_\_\_ Club Code: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

School: \_\_\_\_\_ Years in 4-H: \_\_\_\_\_

Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade: \_\_\_\_\_ Gender **(Circle one)**: Male Female Age: \_\_\_\_\_

Racial Classification **(Circle all that apply)**: White African-American or Black American Indian Asian Pacific-Islander Other

Residence **(Circle one)**: Farm Rural (under 10,000) Town (10,000-50,000) Suburb (more than 50,000) City (more than 50,000)

**(Circle any that apply)**: Hispanic ethnicity Military Family

Home Phone: (\_\_\_\_) \_\_\_\_\_ Parent's Cell Phone: (\_\_\_\_) \_\_\_\_\_ (mother)

4-H'ers Phone: (\_\_\_\_) \_\_\_\_\_ Parent's Cell Phone: (\_\_\_\_) \_\_\_\_\_ (father)

4-H'ers Email: \_\_\_\_\_ Parent's Email: \_\_\_\_\_

#### Parents or guardians you live with:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

#### Additional parent you do not live with:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

We prefer to send invitations by email, do you check yours regularly? **(Circle One)** Yes No

Health concerns or special needs you'd like the extension office to be aware of: \_\_\_\_\_

How did you find out about 4-H? Library \_\_\_\_ School \_\_\_\_ Recreation Center \_\_\_\_ Friend \_\_\_\_ Other \_\_\_\_