



| FOR OFFICE USE ONLY | | | |
|---|--|--|--|
| County code | | Club code | |
| Club | | Member code | |
| Enrollment status | | Category | |
| <input type="checkbox"/> New enrollment <input type="checkbox"/> Re-enrollment <input type="checkbox"/> Drop from club | | <input type="checkbox"/> 4-H Member <input type="checkbox"/> Clover Kid <input type="checkbox"/> Special | |
| Last name | | First name | |
| Home address | | Middle initial | |
| City | | State | |
| Does 4-H member serve as a youth leader? | | Zip | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| School | | Number of years in 4-H | |
| Birth date (month, day, year) | | Gender | |
| Cell phone | | <input type="checkbox"/> Female <input type="checkbox"/> Male | |
| Grade | | | |
| Residence (check one) | | | |
| <input type="checkbox"/> Farm <input type="checkbox"/> Town of 10,000 to 50,000 <input type="checkbox"/> City of more than 50,000 | | | |
| <input type="checkbox"/> Rural less than 10,000 <input type="checkbox"/> Suburb of more than 50,000 | | | |
| E-mail | | Is child a military dependant? | |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> List branch: | |
| Ethnicity | | | |
| <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic | | | |
| Race (check all that apply) | | | |
| <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Asian/Pacific Islander | | | |
| Project code/name (choose project from pull-down menu) | | Year in project | |
| | | Youth leader | |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Do you require an accommodation for a disability to participate in this program? | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| If yes, please explain. | | | |

| | |
|--------------------------------|-------------------------------------|
| Date (month, day, year) | Signature of 4-H member |
| Date | Signature of parent/guardian |
| Date | Signature of club leader |

Parent information

| | | | | | |
|---|--|-------------------|---|----------------|-----|
| Member last name | | Member first name | | Middle initial | |
| MOTHER | | | | | |
| Mother's last name | | | First name | | |
| Address | | City | | State | Zip |
| Legal guardian <input type="checkbox"/> Yes <input type="checkbox"/> No | | | Send mailing <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Home phone | | Work phone | | Cell phone | |
| Occupation (optional) | | | E-mail | | |
| Parent type <input type="checkbox"/> Primary parent <input type="checkbox"/> Additional parent <input type="checkbox"/> Other _____ | | | | | |
| FATHER | | | | | |
| Father's last name | | | First name | | |
| Address | | City | | State | Zip |
| Legal guardian <input type="checkbox"/> Yes <input type="checkbox"/> No | | | Send mailing <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Home phone | | Work phone | | Cell phone | |
| Occupation (optional) | | | E-mail | | |
| Parent type <input type="checkbox"/> Primary parent <input type="checkbox"/> Additional parent <input type="checkbox"/> Other _____ | | | | | |
| OTHER (parent, stepparent, grandparent, guardian, etc.) | | | | | |
| Other's last name | | | First name | | |
| Address | | City | | State | Zip |
| Legal guardian <input type="checkbox"/> Yes <input type="checkbox"/> No | | | Send mailing <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Home phone | | Work phone | | Cell phone | |
| Occupation (optional) | | | E-mail | | |
| Parent type <input type="checkbox"/> Primary parent <input type="checkbox"/> Additional parent <input type="checkbox"/> Other _____ | | | | | |