

4-H Enrollment Form
Members



Status (Check one): New Enrollment Re-Enrollment Check if: 4-H Teen Volunteer

Last Name: _____ First Name: _____ M.I. _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

E-mail: _____ - _____

School: _____ **Grade:** _____ **Years in 4-H:** _____

Birthdate: ____ / ____ / ____ **Age on September 1:** _____ **Gender:** Female Male

Residence (Check one): Farm Rural/10,000 Town/10-15,000 Suburb/50,000 City/50,000

Military Family: Yes No A member of my family is in the Military or Reserves (Air Force, Army, Coast Guard, Navy, or National Guard).

Disability: Yes No Do you require an accommodation for a disability to participate in this program?
Please Specify: _____

Ethnicity (Check one): Hispanic Not Hispanic

Race (Check all that apply):

White Black Am. Indian/Native Indian Asian Hawaiian/Pacific Islander Other

Name of Primary 4-H Club: _____

Other 4-H Club Memberships (ex. County Beef Club): _____

Other 4-H Memberships (ex. County 4-H Council):

Please turn over ➔

Project & Code Name	Years Doing Project	Project Materials Needed	Project Materials Ordered
		<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
		<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
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Parent Information:

Primary Parent/Caregiver:

Last Name: _____ First Name: _____ M.I. _____

Address: _____ City: _____

State: _____ Zip: _____ County: _____

Evening/Home Phone: _____ Daytime/Work Phone: _____ Cell Phone: _____

Occupation (optional): _____ E-mail: _____

Relationship: Mother Father Grandmother Grandfather Other

Do you live with this parent/caregiver: Yes No

Legal Guardian (Check one): Yes No Send Mailing (Check one): Yes No
Public List: Yes No

Additional Parent/Caregiver:

Last Name: _____ First Name: _____ M.I. _____

Address: _____ City: _____

State: _____ Zip: _____ County: _____

Evening/Home Phone: _____ Daytime/Work Phone: _____ Cell Phone: _____

Occupation (optional): _____ E-mail: _____

Relationship: Mother Father Grandmother Grandfather Other

Do you live with this parent/caregiver: Yes No

Legal Guardian (Check one): Yes No Send Mailing (Check one): Yes No
Public List: Yes No

Member Signature _____ **Leader Signature** _____

Parent/Guardian Signature _____ **Date** _____