

# 4-H Enrollment Form



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

**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: \_\_\_\_\_ E-mail: \_\_\_\_\_

**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: \_\_\_\_\_

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

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Other Clubs: (All that apply)			
County Council	<input type="checkbox"/>	Horse Show Team	<input type="checkbox"/>
JMS after school club	<input type="checkbox"/>	Livestock Show Team	<input type="checkbox"/>
Jr. Robotics FLL Home School	<input type="checkbox"/>	LLAMAS	<input type="checkbox"/>
Jr. Robotics FLL	<input type="checkbox"/>	SAFE 22	<input type="checkbox"/>
Library Club	<input type="checkbox"/>	SAFE ARCHERY Team	<input type="checkbox"/>
Livestock Club	<input type="checkbox"/>	SAFE BB TEAM	<input type="checkbox"/>
Poultry Judging Team	<input type="checkbox"/>	SAFE Shotgun	<input type="checkbox"/>
Robotics	<input type="checkbox"/>	Other: _____	<input type="checkbox"/>