

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: _____