

## 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)

Ethnicity (circle one): Hispanic Non-Hispanic Military Family (circle one) Yes No

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: \_\_\_\_\_

M-28

## 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)

Ethnicity (circle one): Hispanic Non-Hispanic Military Family (circle one) Yes No

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: \_\_\_\_\_

M-28