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: __________________

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: __________________

Last Name: ____________________ First Name: ___________________________ Work Phone: __________________

Health concerns or special needs you’d like the extension office to be aware of: ____________________________________________________________

_____________________________________________________________________________________________________

M-28