



FOR OFFICE USE ONLY			
County code		Club code	
Club		Member code	
Enrollment status		Category	
<input type="checkbox"/> New enrollment <input type="checkbox"/> Re-enrollment <input type="checkbox"/> Drop from club		<input type="checkbox"/> 4-H Member <input type="checkbox"/> Clover Kid <input type="checkbox"/> Special	
Last name		First name	
Home address		Middle initial	
City		State	
Zip			
Does 4-H member serve as a youth leader? <input type="checkbox"/> Yes <input type="checkbox"/> No			
School		Number of years in 4-H	
Birth date (month, day, year)		Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	
Cell phone		Grade	
Residence (check one)			
<input type="checkbox"/> Farm <input type="checkbox"/> Rural less than 10,000 <input type="checkbox"/> Town of 10,000 to 50,000 <input type="checkbox"/> Suburb of more than 50,000 <input type="checkbox"/> City of more than 50,000			
E-mail		Is child a military dependant?	
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> List branch:	
Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic			
Race (check all that apply)			
<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Asian/Pacific Islander			
Project code/name (choose project from pull-down menu)		Year in project	
		Youth leader	
		<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	
Do you require an accommodation for a disability to participate in this program? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please explain.			

Date (month, day, year)	Signature of 4-H member
Date	Signature of parent/guardian
Date	Signature of club leader

Parent information

Member last name		Member first name		Middle initial	
MOTHER					
Mother's last name			First name		
Address		City		State	Zip
Legal guardian <input type="checkbox"/> Yes <input type="checkbox"/> No			Send mailing <input type="checkbox"/> Yes <input type="checkbox"/> No		
Home phone		Work phone		Cell phone	
Occupation (optional)			E-mail		
Parent type <input type="checkbox"/> Primary parent <input type="checkbox"/> Additional parent <input type="checkbox"/> Other _____					
FATHER					
Father's last name			First name		
Address		City		State	Zip
Legal guardian <input type="checkbox"/> Yes <input type="checkbox"/> No			Send mailing <input type="checkbox"/> Yes <input type="checkbox"/> No		
Home phone		Work phone		Cell phone	
Occupation (optional)			E-mail		
Parent type <input type="checkbox"/> Primary parent <input type="checkbox"/> Additional parent <input type="checkbox"/> Other _____					
OTHER (parent, stepparent, grandparent, guardian, etc.)					
Other's last name			First name		
Address		City		State	Zip
Legal guardian <input type="checkbox"/> Yes <input type="checkbox"/> No			Send mailing <input type="checkbox"/> Yes <input type="checkbox"/> No		
Home phone		Work phone		Cell phone	
Occupation (optional)			E-mail		
Parent type <input type="checkbox"/> Primary parent <input type="checkbox"/> Additional parent <input type="checkbox"/> Other _____					