



FOR OFFICE USE ONLY					
County code		Club code		Member code	
Club		Category <input type="checkbox"/> 4-H Member <input type="checkbox"/> Clover Kid <input type="checkbox"/> Special			
Enrollment status <input type="checkbox"/> New enrollment <input type="checkbox"/> Re-enrollment <input type="checkbox"/> Drop from club					
Last name		First name		Middle initial	
Home address			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"/> Town of 10,000 to 50,000 <input type="checkbox"/> City of more than 50,000 <input type="checkbox"/> Rural less than 10,000 <input type="checkbox"/> Suburb of more than 50,000					
Email			Is child a military dependent? <input type="checkbox"/> Yes <input type="checkbox"/> No		
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 name		Project code	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)			Email		
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)			Email		
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)			Email		
Parent type <input type="checkbox"/> Primary parent <input type="checkbox"/> Additional parent <input type="checkbox"/> Other _____					



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