

4-H Enrollment Form

Newton

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Club: _____

FOR OFFICE USE ONLY

County Code: 073 Club Code: _____ Member Code: _____

Category (circle one): 1) Member 2) Cloverbud/Mini 4-H 3) Organizational Leader 4) Activity Leader
5) Project Leader 6) Resource Leader 7) Special

Enrollment Type (circle one): N-New Enrollment R-Re-Enrollment Drop From Club

Last Name: _____ First Name: _____ M.I. _____

Address: _____ City: _____ State: _____ Zip: _____

School: _____ Soc Sec Number: _____ - _____ Year in 4-H: _____

Youth Leader _____ Gender: _____ Birthday: _____ / _____ / _____ 4-H Age: _____ Grade: _____

Other 4-H Memberships: _____ E-mail: _____

Leader Type (circle one): 1) Direct Volunteer 2) Indirect Volunteer 3) Middle Manager

Ethnic (circle one): 1) Hispanic 2) Not Hispanic

Race (circle one): 1) White 2) Black 3) Alaskan/Am. Ind. 4) Asian 5) Hawaiian/Pac. Island 6) White & Black
7) White & Alaskan/Am. Ind. 8) Black & Alaskan/Am. Ind. 9) White & Asian 10) Other

Residence (circle one): 1) Farm 2) Rural/10,000 3) Town 10-50,000 4) Suburb/50,000 5) City/50,000

Project Name	Project Code	Youth Leader	Need Lit.	Year in Project
_____	_____	Yes/No	Yes/No	_____
_____	_____	Yes/No	Yes/No	_____
_____	_____	Yes/No	Yes/No	_____
_____	_____	Yes/No	Yes/No	_____
_____	_____	Yes/No	Yes/No	_____
_____	_____	Yes/No	Yes/No	_____
_____	_____	Yes/No	Yes/No	_____
_____	_____	Yes/No	Yes/No	_____
_____	_____	Yes/No	Yes/No	_____

Do you require an accommodation for a disability to participate in this program? _____

Member Signature _____ Club Leader Signature _____

Parent/Guardian Signature: _____ Date _____

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Parent Information

Member Last Name: _____ Member First Name: _____ M.I. _____

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Parent Code 1: _____

Parent Last Name: _____ First Name: _____ M.I. _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: (____) _____ - _____ Work Phone: (____) _____ - _____

Occupation (optional): _____

Parent Type (circle one): Primary Parent Additional Parent Other: _____

Legal Guardian: Yes/No Send Mailing: Yes/No E-Mail: _____

FOR OFFICE USE ONLY

Parent Code 2: _____

Parent Last Name: _____ First Name: _____ M.I. _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: (____) _____ - _____ Work Phone: (____) _____ - _____

Occupation (optional): _____

Parent Type (circle one): Primary Parent Additional Parent Other: _____

Legal Guardian: Yes/No Send Mailing: Yes/No E-Mail: _____

FOR OFFICE USE ONLY

Parent Code 3: _____

Parent Last Name: _____ First Name: _____ M.I. _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: (____) _____ - _____ Work Phone: (____) _____ - _____

Occupation (optional): _____

Parent Type (circle one): Primary Parent Additional Parent Other: _____

Legal Guardian: Yes/No Send Mailing: Yes/No E-Mail: _____