



# 4-H Enrollment Form

Club Name: \_\_\_\_\_ School: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_

Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade: \_\_\_\_\_ Gender (circle one): Male Female

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

**Racial Classification** (circle all that apply):

White African-American or Black Asian American Indian Asian Pacific Islander

Ethnicity (circle one): Hispanic Non-Hispanic Military Family (circle one): YES NO

Health concerns or special needs you'd like the Extension Office to be aware of: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Parent / Guardian Information:**

**Parent/Guardian #1:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Gender (circle one): Male Female

Parent Type (circle one): Mother Father Step-Parent Grandparent Other \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

**Parent/Guardian #2:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Gender (circle one): Male Female

Parent Type (circle one): Mother Father Step-Parent Grandparent Other \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_