



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 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 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 _____			