

Postal Mail Email

Name	County	Family Email	Correspondence Pref.
Email		First Name	
Middle Name		Last Name	
Preferred Name		Mailing Address	
City		State	
Zip Code		Birth Date	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Primary Phone	
Cell Phone		Years in 4-H	

Parent / Guardian 1

First Name	Last Name
Cell Phone	Work Phone
Work Extension	

Parent / Guardian 2

First Name	Last Name
Cell Phone	Work Phone
Work Extension	

Second Household

Send Correspondence	<input type="checkbox"/> No <input type="checkbox"/> Yes	Correspondence Pref.	<input type="checkbox"/> Postal Mail <input type="checkbox"/> Email
Family Name	First Names		
Primary Phone	Address		
City	State		
Zip Code	Email		

Emergency Contact

Name	Phone
Email	Relationship

Enrollment

Ethnicity	Are you of Hispanic ethnicity?	<input type="checkbox"/> No <input type="checkbox"/> Yes	(please indicate both an ethnicity and race)
Race	<input type="checkbox"/> White	<input type="checkbox"/> Native Hawaiian or Pacific Islander	
	<input type="checkbox"/> Black	<input type="checkbox"/> Asian	
	<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Prefer Not to State	
Residence	<input type="checkbox"/> Farm (rural area where agricultural products are sold)	<input type="checkbox"/> Suburb of city more than 50,000	
	<input type="checkbox"/> Town under 10,000 and rural non-farm	<input type="checkbox"/> Central city more than 50,000	
	<input type="checkbox"/> Town / City 10,000 - 50,000 and its suburbs		
Military	<input type="checkbox"/> No one in my family is serving in the military	<input type="checkbox"/> I have a parent serving in the military	
	<input type="checkbox"/> I have a sibling serving in the military		
Branch	<input type="checkbox"/> Air Force <input type="checkbox"/> Army <input type="checkbox"/> Coast Guard <input type="checkbox"/> DOD Civilian <input type="checkbox"/> Marines <input type="checkbox"/> Navy		
Component	<input type="checkbox"/> Active Duty <input type="checkbox"/> National Guard <input type="checkbox"/> Reserves		
Grade	School Name		
School Type	<input type="checkbox"/> Public School	<input type="checkbox"/> Homeschool / Alternative	
	<input type="checkbox"/> Private School	<input type="checkbox"/> Magnet / Specialized School	

4hOnline

- Special Education
 Vocational Education

Charter School

Clubs

Enroll	Club	Volunteer Title
<input type="checkbox"/> (Enroll)		
(New Club)		
(New Club)		

Projects

Enroll	Project	Club	Volunteer Title	Years In
<input type="checkbox"/> (Enroll)				
(New Project)				
(New Project)				
(New Project)				

Our signatures below indicate that:• We give permission for photos or videotapes of the member to be reproduced for promotional or educational purposes.• We give permission for the member to participate in and or complete surveys and evaluations that will be used to determine program effectiveness or to promote the program.• We understand that participation in surveys and evaluations is voluntary and that the member may choose not to participate in surveys or evaluations without any impact on his or her eligibility to participate in the 4-H program.• We understand that the member will be asked for his/her verbal assent before completing a survey or an evaluation.• We understand that failure to abide by the Commitment to Excellence, Code of Conduct, and Consequences of Misbehavior may result in loss of membership privileges.

Member Signature	Date
Parent / Guardian Signature	Date

County Only	
Received in County Office	Entered in 4-H CONNECT