

Instructions for 4-H Enrollment Card



Club: Enter Homeroom Teacher's name
First Name: Name child is called by teachers
Address: Complete Mailing Address
Zip:
Years in 4-H: Leave Blank
Grade: 5th or 6th
Age: Age as of today
Residence: If student's parents farm for a living - Circle Farm. Otherwise circle Rural.
Circle any that apply: Circle if this applies to you.
Home Phone: If home phone is not available, please give # of a close relative or neighbor.
E-mail: Optional

Last Name: Student's Last Name
M.I.: Middle Initial
City: City your mail is delivered to
School: School you attend
Birthday: July 17, 1998 or 7/17/98
Gender: Circle Male or Female
Racial Classification: Circle all that apply

Parents or Guardians you live with: Put information for main parent(s) or guardian(s) responsible for student.

Additional Parent you DO NOT live with: Only fill this out if parent does not live with student but still shares in decision-making for student. Please do NOT fill out if parent has no parental rights or is no longer responsible for child's welfare.

Health concerns or special needs you'd like the extension office to be aware of: Only fill this out if we need to be aware of a child's condition: ie. Epilepsy, diabetic, etc...

4-H Volunteer: If you would like to be a 4-H Volunteer this year, please write "Volunteer - and your name" at the bottom of the card. We occasionally need volunteers to chaperone trips or parties, serve as a project judge, or help out with a special project. You may want to list how you'd like to volunteer and any special skills you may have.

4-H Enrollment Card



Club: _____
Last Name: _____ **First Name:** _____ **MI:** _____
Address: _____ **City:** _____ **Zip:** _____
School: _____ **Years in 4-H:** _____
Birthday: ____ / ____ / ____ **Grade:** _____ **Gender (circle one):** Male Female **Age:** _____
Racial Classification (circle all that apply): White African American or Black American Indian Asian Pacific Islander
Residence (circle one): Farm Rural (under 10,000) Town (10,000-50,000) Suburb (more than 50,000) City (more than 50,000)
Circle any that apply: Hispanic Ethnicity Military Family
Home Phone: _____ **E-mail:** _____

Parents or Guardians you live with:

Last Name: _____ **First Name:** _____ **Work Phone:** _____
Gender: _____ **Relationship:** _____ **Cell Phone:** _____
Last Name: _____ **First Name:** _____ **Work Phone:** _____
Gender: _____ **Relationship:** _____ **Cell Phone:** _____

Additional Parent you DO NOT live with:

Last Name: _____ **First Name:** _____ **Work Phone:** _____
Gender: _____ **Relationship:** _____ **Cell Phone:** _____

Health concerns or special needs you'd like the extension office to be aware of: _____

4-H Volunteer: _____
