

4-H New Enrollment Form - Youth

(This form must be received to 4-H Office by June 1 of current 4-H Year)

Washington County

Club Name: _____

FOR OFFICE USE ONLY		
County Code: _____	Club Code: _____	Member Code: _____

Category (Circle One): Member Activity Leader Cloverbud/Mini 4-H Project Leader Organizational Leader Resource Leader Special

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

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

School: _____ Phone # (____) _____ Year In 4-H: _____

Youth Leader: (Y/N) _____ Gender: _____ Birthdate: ____ / ____ / ____ 4-H Age: ____ Grade: _____

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

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 and Black 7) White and Am. Ind. 8) Black and Am. Ind. 9) White and Asian 10) Not listed

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

Parent Information

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

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

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

Parent Type (circle one): Primary Parent Additional Parent Other **Occupation:** _____ (optional)

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

Current Military Status: N/A Active Duty Retired Reserve National Guard

Branch of the Service: Army Air Force Marine Navy Coast Guard

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

_____ I give permission for the 4-H office to use a photograph of my child for publicity.

_____ I do not want the 4-H office to reveal my name, address, or phone number as part of public record or list.

Member Signature: _____ **Leader Signature:** _____

Parent / Guardian Signature: _____ **Date:** _____