

Postal Mail Email

Name	County	Family Email	Correspondence Pref.
Correo Electronico		Nombre	
Segundo Nombre		Apellido	
Apodo		Dirección	
Cuidad		Estado	
Codigo Postal		Fecha de Nacimiento	
Sexo	<input type="checkbox"/> Male <input type="checkbox"/> Female	Numero de Telefono	
Numero de Celular		Años en 4-H	

Parent / Guardian 1

Nombre	Apellido
Numero de Celular	Telefono del Trabajo

Parent / Guardian 2

Nombre	Apellido
Numero de Celular	Telefono del Trabajo

Second Household

Mandar correspondencia	<input type="checkbox"/> No <input type="checkbox"/> Yes	Preferencia de correspond.	<input type="checkbox"/> Postal Mail <input type="checkbox"/> Email
Apellido	Nombre(s)		
Numero de Telefono	Dirección		
Cuidad	Estado		
Codigo Postal	Correo Electronico		

Emergency Contact

Nombre y Apellido	Numero de Telefono
Correo Electronico	Relación

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"/> Black <input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Asian <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"/> Private School	<input type="checkbox"/> Homeschool / Alternative <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 consent 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