

# Youth Enrollment Form 4-HOnline - \_\_\_\_\_ County



4-H Year: 2017

<b>Family Name</b>		<b>Family Email</b>	
<b>Send Correspondence</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes	<b>Correspondence Pref.</b>	<input type="checkbox"/> Postal Mail <input type="checkbox"/> Email
<b>First, Middle, &amp; Last Name</b>			
<b>Preferred Name</b>		<b>Mailing Address</b>	
<b>Mailing Address 2</b>		<b>City</b>	
<b>State</b>		<b>Zip Code</b>	
<b>Birth Date</b>	<b>Gender</b>	<input type="checkbox"/> Male	<input type="checkbox"/> Female
<b>Primary Phone</b>	<b>Cell Phone</b>		
<b>Work Phone</b>	<b>Work Extension</b>		
<b>Fax</b>	<b>Years in 4-H</b>		

## Parent / Guardian 1

<b>First Name</b>	<b>Last Name</b>
<b>Cell Phone</b>	<b>Work Phone</b>

## Parent / Guardian 2

<b>First Name</b>	<b>Last Name</b>
<b>Cell Phone</b>	<b>Work Phone</b>

## Second Household

<b>Send Correspondence</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes	<b>Correspondence Pref.</b>	<input type="checkbox"/> Postal Mail <input type="checkbox"/> Email
<b>Family Name</b>	<b>First Name</b>		
<b>Primary Phone</b>	<b>Address</b>		
<b>Address 2</b>	<b>City</b>		
<b>State</b>	<b>Zip Code</b>		
<b>Email</b>			

## Emergency Contact

<b>Name</b>	<b>Phone</b>
<b>Cell Phone</b>	<b>Relationship</b>

## Enrollment

<b>Ethnicity</b>	Are you of Hispanic ethnicity? <input type="checkbox"/> No <input type="checkbox"/> Yes	(please indicate both an ethnicity and race)
<b>Race</b>	<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
<b>Residence</b>	<input type="checkbox"/> Farm (rural area where agricultural products are sold) <input type="checkbox"/> Town under 10,000 and rural non-farm <input type="checkbox"/> Town / City 10,000 - 50,000 and its suburbs	<input type="checkbox"/> Suburb of city more than 50,000 <input type="checkbox"/> Central city more than 50,000
<b>Military</b>	<input type="checkbox"/> No one in my family is serving in the military <input type="checkbox"/> I have a sibling serving in the military	<input type="checkbox"/> I have a parent serving in the military
<b>Branch</b>	<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 <input type="checkbox"/> Active Duty <input type="checkbox"/> National Guard <input type="checkbox"/> Reserves	

