4-H Member Enrollment Form
Wicomico County

For More Info Please Contact:
Amy Rhodes or Barbara Barga at 410-749-6141

Child’s Personal Information

*First Name ___________________________ Middle Initial _______ *Last Name ____________________________

*Birth Date (MM/DD/YYYY) _______/_____/__________ *Primary Phone(_____) _________ - __________

*Street ___________________________________ *City ___________________ *State _____*Zip ______

*Grade________________________ *School_____________________________________________________________

*Are you a 4-Her in another county if so what county? __________________________________________

Demographic Information

Ethnicity (Select One): [ ] Prefer not to answer [ ] Not Hispanic [ ] Hispanic

Gender (Select One): [ ] Prefer not to answer [ ] Male [ ] Female

Race (Select All That Apply): [ ] Prefer not to answer [ ] Asian [ ] White [ ] Black
[ ] American Indian [ ] Hawaiian & Pacific Islander

Residence (Select One): [ ] Farm [ ] Rural or Town of Less than 10,000 [ ] Large Town of 10,000-50,000
[ ] Suburb [ ] City (town of more than 50,000)

Parent or Guardian Information

First Name ___________________________ Middle Initial _______ Last Name _____________________________

Address (if different from above): Street ___________________________________________________________

City ___________________ State: _______________ Zip Code _________________________

*Primary Phone (_____) _________ - __________ Primary Email ________________________________

Military Family? If yes, please select your branch:
[ ] Active Army [ ] Army Guard [ ] Army Reserve [ ] Active Air Force [ ] Air Guard
[ ] Air Force Reserve [ ] Active Navy [ ] Naval Reserve [ ] Active Marine Corps
[ ] Marine Corps Reserve [ ] Active Coast Guard [ ] Coast Guard Reserve

University of Maryland Extension programs are open to all citizens and will not discriminate against anyone because of race, age, sex, color, sexual orientation, physical or mental disability, religion, ancestry, or national origin, marital status, genetic information, or political affiliation, or gender identity and expression. If you need special assistance to participate in this program, contact Amy Rhodes or Barbara Barga at 410-749-6141.

Form Updated 8/10/15
Program Information

*Name of Club ________________________________________________________________

*Name of Project _____________________________________________________________

*Leader’s Name _____________________________________________________________

Participation Fee

Participation Fee is $10 per child up to 3 children per family.

[ ] Club Paid for Fee

[ ] Cash

[ ] Check # _____________ (Checks made out to Wicomico EAC)

Select One

[ ] Single child participation fee $10

[ ] Multiple children participation Fee $10 X _______ (# children) = $___________

Names of children paid for

1)__________________________________________________________ 2)__________________________________________________________

3)__________________________________________________________

Total Amount Enclosed $_______________

Signatures

Parent/Guardian _____________________________________________________________ Date ________

Leader Name and Signature _______________________________________________________ Date ____________