



4-H MEMBER ENROLLMENT FORM

St. Charles 4th-6th

Parish \_\_\_\_\_ Parish Enrolled in Last Year (if different) \_\_\_\_\_

Name \_\_\_\_\_ LAST \_\_\_\_\_ FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_ PREFERRED FIRST NAME \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_ Grade \_\_\_\_\_

4-H'ers Email (if applicable) \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Parent/Guardian Email \_\_\_\_\_

Parent/Guardian Phone \_\_\_\_\_ HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

How does your FAMILY prefer to be communicated with: \_\_\_\_\_ Email \_\_\_\_\_ Text Message \_\_\_\_\_ Mail

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_ Female \_\_\_\_\_ Male  
Month/Day/Year

Where Do You Live (check one) \_\_\_\_\_ Farm or Rural Area  
\_\_\_\_\_ Town Under 10,000  
\_\_\_\_\_ Town/City 10,000-50,000  
\_\_\_\_\_ Suburb/City over 50,000  
\_\_\_\_\_ Central City over 50,000

Ethnicity (check one) \_\_\_\_\_ Hispanic or Latino  
\_\_\_\_\_ Not Hispanic or Latino

Race (check one) \_\_\_\_\_ American Indian or Alaskan Native  
\_\_\_\_\_ Asian  
\_\_\_\_\_ Black or African American  
\_\_\_\_\_ Native Hawaiian or other Pacific Islander  
\_\_\_\_\_ Caucasian or White

Type of Club \_\_\_\_\_ School  
\_\_\_\_\_ Community  
\_\_\_\_\_ EFNEP  
\_\_\_\_\_ Member-at-Large  
\_\_\_\_\_ After-school  
\_\_\_\_\_ Military

Does anyone in your immediate family serve in:  
ACTIVE/CAREER      GUARD      RESERVES  
\_\_\_\_ Air Force      \_\_\_\_ Air Guard      \_\_\_\_ Air Reserves  
\_\_\_\_ Army      \_\_\_\_ Army Guard      \_\_\_\_ Army Reserves  
\_\_\_\_ Coast Guard      \_\_\_\_ Coast Guard Res.      \_\_\_\_ Coast Guard Res.  
\_\_\_\_ Marine Corps      \_\_\_\_ Marine Force Res.      \_\_\_\_ Marine Force Res.  
\_\_\_\_ Navy      \_\_\_\_ Navy Reserves      \_\_\_\_ Navy Reserves

Name of school/4-H club \_\_\_\_\_

I hereby grant permission for the above mentioned youth to join 4-H. As the parent/guardian, I will encourage and assist my child in completing their 4-H project.

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

NOTE: Your child may be photographed or videotaped for promotional and/or educational purposes.

I understand my child may participate in and/or complete surveys and evaluations that will be used to determine 4-H program effectiveness or to promote the program. Youth will be asked their assent before completing a survey or evaluation. Participation in surveys and evaluations is voluntary and does not affect eligibility to participate in the 4-H program.

\_\_\_\_\_ I DO agree to these terms

\_\_\_\_\_ I DO NOT agree to these terms

