



NYS 4-H Member Enrollment Form

County

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

Last Name:\* First Name:\* MI:
Preferred Name: Birth Date :\*( youth only)
Email:
Home Phone: ( ) Mobile Phone: ( ) Other Phone: ( )
Address Line 1:
Address Line 2:
City: State:\* Zip:
County: (of residence):\* Township:

Is enrollee disabled? Y N Disability:
School (youth only):
Is enrollee from a military family? Y N If yes, circle one: Active/Reserve/Guard? Branch:

Email Newsletter? Y N

Status (circle one): New Returning/ Re-Enrollment Inactive Terminated Alumni
Enrollment Category (circle one): Member or Clover bud/mini member

Date Enrolled: 4-H age: Years in 4-H:
Enrollment Fee paid (if applicable)? Y N Cash/Check Check #:
Is this individual a Youth Volunteer? Y N
Is youth member a Club Officer? Y N Club Officer Position:

Forms Submitted:
Medical Release Waiver of Liability Code of Conduct/Behavior Form

Photo Release: Yes/No (Please circle one) Cornell Cooperative Extension is granted permission to use and/or publish my or my child's photograph or image (including audio, film, digital image or any other media) for educational programs, websites or promotion of Extension programs.

ES237 Demographics

Gender: M F Grade: /Not in School

Residence (circle one): Farm Rural/Town<10K Town 10-50K Suburb>50K City 50K+

Ethnicity: Hispanic/Not Hispanic

Race: ( )White ( )Black ( )American Native/Alaska Native ( )Asian ( )Native Hawaiian ( )White and Black
( ) White and Am. Native/AK Native ( ) Black and Am. Native/AK Native ( ) White and Asian

Educational Focus

Club(s):
Project Area(s):
Activities:
Certifications:

Parent / Guardian Signature Date:

(Over)

NYS 4-H Enrollment - Parent Information

County \_\_\_\_\_

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Member Last Name: \_\_\_\_\_ Member first name: \_\_\_\_\_ M.I. \_\_\_\_\_

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Family ID

Parent Last Name:\* \_\_\_\_\_ First Name:\* \_\_\_\_\_ MI: \_\_\_\_\_

Parent Type (circle one) Primary Parent Additional Parent Other

Parent ID: \_\_\_\_\_

Preferred Name \_\_\_\_\_

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_

State:\* \_\_\_\_\_

County: (of residence):\* \_\_\_\_\_

Zip: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Mobile Phone: ( ) \_\_\_\_\_ Other Phone: ( ) \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Serving In Military? Y N If so, what branch? \_\_\_\_\_ Current status? \_\_\_\_\_

Legal Guardian: Yes / No

Send E-mail Newsletter / Mailings? Yes / No Email Address: \_\_\_\_\_

FOR OFFICE USE ONLY  
Family Id

Parent Last Name:\* \_\_\_\_\_ First Name:\* \_\_\_\_\_ MI: \_\_\_\_\_

Parent Type (circle one) Primary Parent Additional Parent Other

Parent ID: \_\_\_\_\_

Preferred Name \_\_\_\_\_

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_

State:\* \_\_\_\_\_

County: (of residence):\* \_\_\_\_\_

Zip: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Mobile Phone: ( ) \_\_\_\_\_ Other Phone: ( ) \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Serving In Military? Y N If so, what branch? \_\_\_\_\_ Current status? \_\_\_\_\_

Legal Guardian: Yes / No

Send E-mail Newsletter / Mailings? Yes / No Email Address: \_\_\_\_\_