

4-H Enrollment - Parent Information

County: _____

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Member Last Name: _____ Member First Name: _____ M.I. _____

FOR OFFICE USE ONLY

Parent Code 1: _____

Parent Last Name: _____ First Name: _____ M.I. _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: () - - Work Phone () - - Cell Phone :() _____

Parent Type (circle one): Primary Parent Additional Parent Other **Occupation:** _____ (optional)

Legal Guardian: Yes / No Send Mailing: Yes / No E-mail: _____

Current Military Status: [] N/A [] Active Duty [] Retired [] Reserve [] National Guard

Branch of the Service: [] Army [] Air Force [] Marine [] Navy [] Coast Guard

FOR OFFICE USE ONLY

Additional Contact Code 2: _____

Parent Last Name: _____ First Name: _____ M.I. _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: () - - Work Phone () - - Cell Phone :() _____

Parent Type (circle one): Primary Parent Additional Parent Other **Occupation:** _____ (optional)

Legal Guardian (circle one): Yes / No Send Mailing: Yes / No E-mail: _____

Current Military Status: [] N/A [] Active Duty [] Retired [] Reserve [] National Guard

Branch of the Service: [] Army [] Air Force [] Marine [] Navy [] Coast Guard

FOR OFFICE USE ONLY

Additional Contact Code 3: _____

Parent Last Name: _____ First Name: _____ M.I. _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: () - - Work Phone () - - Cell Phone :() _____

Parent Type (circle one): Primary Parent Additional Parent Other **Occupation:** _____ (optional)

Legal Guardian (circle one): Yes / No Send Mailing: Yes / No E-mail: _____

Current Military Status: [] N/A [] Active Duty [] Retired [] Reserve [] National Guard

Branch of the Service: [] Army [] Air Force [] Marine [] Navy [] Coast Guard