

4-H Enrollment Form

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

¹Club: _____

²Category (Circle One): M-Member C-Cloverbud/Mini 4-H G-Organization Leader
 A-Activity Leader R-Resource Leader S-Special P-Project Leader

³Enrollment Type (Circle One): N-New Enrollment R-Re-Enrollment Drop From Club

⁴Last Name: _____ First Name: _____ M.I. _____

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

⁵School: _____ ⁶Soc.Sec. Number: _____ - _____ - _____ ⁷Year in 4-H: _____

⁸Youth Leader: _____ ⁹Gender: _____ ¹⁰Birthdate: ____/____/____ ¹¹4-H Age: _____ ¹²Grade: _____

¹³Other 4-H Memberships: _____ ¹⁴E- Mail: _____

¹⁵Leader Type (circle one): Direct Leader Indirect Leader Middle Manager

¹⁶Ethnic (circle one): Caucasian African Amer. Amer. Indian Hispanic Asian Amer. Mixed

¹⁷Residence (circle one): Farm Rural Under 10,000

¹⁸ Project Name	¹⁹ Project Code	²⁰ Youth Leader	²¹ Year In Project
_____	_____	Yes/No	_____
_____	_____	Yes/No	_____
_____	_____	Yes/No	_____
_____	_____	Yes/No	_____
_____	_____	Yes/No	_____
_____	_____	Yes/No	_____
_____	_____	Yes/No	_____
_____	_____	Yes/No	_____
_____	_____	Yes/No	_____

Cornell Cooperative Extension is granted permission to use and/or publish my child's photograph or image (including audio, film, digital image or any other media) for educational programs, websites or promotion of Extension Programs.

²²I want the Extension Office to be aware of the following disability: _____
____ I do not want University Extension to reveal my name, address or telephone as part of a public record or list.

²³Member Signature _____ Leader Signature _____

Parent/Guardian Signature _____ Date: _____

4-H Enrollment Form

²⁴Member Last Name: _____ First Name: _____ M.I. _____

FOR OFFICE USE ONLY Parent Code 1: _____
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²⁵Parent Last Name: _____ First Name: _____ M.I. _____

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

Home Phone (_____) _____ - _____ Work Phone (_____) _____ - _____

Occupation (optional): _____

Parent Type (circle one): Primary Parent Additional Parent Other

Legal Guardian? Yes/No Send Mailing? Yes/No E-Mail: _____

FOR OFFICE USE ONLY Parent Code 2: _____
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²⁶Parent Last Name: _____ First Name: _____ M.I. _____

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

Home Phone (_____) _____ - _____ Work Phone (_____) _____ - _____

Occupation (optional): _____

Parent Type (circle one): Primary Parent Additional Parent Other

Legal Guardian? Yes/No Send Mailing? Yes/No E-Mail: _____

FOR OFFICE USE ONLY Parent Code 3: _____
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²⁷Parent Last Name: _____ First Name: _____ M.I. _____

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

Home Phone (_____) _____ - _____ Work Phone (_____) _____ - _____

Occupation (optional): _____

Parent Type (circle one): Primary Parent Additional Parent Other

Legal Guardian? Yes/No Send Mailing? Yes/No E-Mail: _____

Please Print and Mail or Drop Off at Cornell Cooperative Extension, 99 N. Broad St., Norwich, NY 13815.
Do not attempt to e-mail in, but be signed.

Please note that the number codes refer to the 4-H Enrollment Form Definitions and Clarifications sheet (separate document)