

Postal Mail Email

Name	County	Family Email	Correspondence Pref.
Email		First Name	
Middle Name		Last Name	
Preferred Name		Mailing Address	
City		State	
Zip Code		Birth Date	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Primary Phone	
Cell Phone		Years in 4-H	

Parent / Guardian 1

First Name	Last Name
Cell Phone	Work Phone
Work Extension	

Parent / Guardian 2

First Name	Last Name
Cell Phone	Work Phone
Work Extension	Address
Address 2	City
State	Zip Code
Home Phone	Email

Second Household

Send Correspondence	<input type="checkbox"/> No <input type="checkbox"/> Yes	Family Name
First Names	Primary Phone	
Mailing Title	Address	
City	State	
Zip Code	Email	

Emergency Contact

Name	Phone
Cell Phone	Email
Relationship	

Enrollment

Ethnicity	Are you of Hispanic ethnicity? <input type="checkbox"/> No <input type="checkbox"/> Yes	(please indicate both an ethnicity and race)
Race	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Prefer Not to State
Residence	<input type="checkbox"/> Farm (rural area where agricultural products are sold) <input type="checkbox"/> Suburb of city more than 50,000 <input type="checkbox"/> Town under 10,000 and rural non-farm <input type="checkbox"/> Central city more than 50,000 <input type="checkbox"/> Town / City 10,000 - 50,000 and its suburbs	
Military	<input type="checkbox"/> No one in my family is serving in the military <input type="checkbox"/> I have a parent serving in the military <input type="checkbox"/> I have a sibling serving in the military	

4hOnline

Branch Air Force Army Coast Guard DOD Civilian Marines Navy
 Component Active Duty National Guard Reserves

Grade	School Name
School Type	
<input type="checkbox"/> Public School	<input type="checkbox"/> Homeschool / Alternative
<input type="checkbox"/> Private School	<input type="checkbox"/> Magnet / Specialized School
<input type="checkbox"/> Special Education	<input type="checkbox"/> Charter School
<input type="checkbox"/> Vocational Education	

Clubs

Enroll	Club	Volunteer Title
<input type="checkbox"/> (Enroll)		
(New Club)		
(New Club)		
(New Club)		

Projects

Enroll	Project	Club	Volunteer Title	Years In
<input type="checkbox"/> (Enroll)				
(New Project)				

Member Signature		Date	
Parent / Guardian Signature		Date	