

4-H Enrollment Form

Livingston County

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Primary Club: _____

FOR OFFICE USE ONLY County Code: 024 Club Code: _____ Member Code: _____
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Category (Circle One): Cloverbud (Kindergarten – 2nd grade) Member (3rd grade and up)
Leader: General Project Activity Resource

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

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

Home Phone (_____) _____ Gender: _____ Birthdate: ____/____/____ Age: _____

School: _____ Grade: _____

E-mail: _____

Ethnic (circle one): 1) Hispanic 2) Not Hispanic

Race (circle all that apply): 1) White 2) Black 3) American Indian 4) Asian 5) Hawaiian/Pac. Island

Residence (circle one): 1) Farm 2) rural/10,000 3) Town/10-50,000 4) Suburb/ 50,000 5) City / 50,000

Project Name

Do you require an accommodation for a disability to participate in this program? _____

_____ I do not want the 4-H office to reveal my name, address, or phone number as part of public record or list.

Member Signature: _____ **Leader Signature:** _____

Parent /Guardian Signature: _____ **Date:** _____

Continued on other side 

4-H Enrollment - Parent Information

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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

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

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If this release is being signed for a child/ward, I certify that I am the parent/guardian authorized to sign this release.

Name of Child/Ward: (PRINT) _____

Name of Parent/Guardian: (PRINT) _____

Signature: _____

Date: _____