

Postal Mail  Email

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

### Parent / Guardian 1

<b>First Name</b>	<b>Last Name</b>
<b>Cell Phone</b>	<b>Work Phone</b>
<b>Work Extension</b>	

### Parent / Guardian 2

<b>First Name</b>	<b>Last Name</b>
<b>Cell Phone</b>	<b>Work Phone</b>
<b>Work Extension</b>	<b>Address</b>
<b>City</b>	<b>State</b>
<b>Zip Code</b>	<b>Home Phone</b>

### Second Household

<b>Send Correspondence</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes	<b>Correspondence Pref.</b>	<input type="checkbox"/> Postal Mail <input type="checkbox"/> Email
<b>Family Name</b>	<b>First Names</b>		
<b>Primary Phone</b>	<b>Address</b>		
<b>City</b>	<b>State</b>		
<b>Zip Code</b>	<b>Email</b>		

### Emergency Contact

<b>Name</b>	<b>Phone</b>
<b>Email</b>	<b>Relationship</b>

### Enrollment

<b>Ethnicity</b>	Are you of Hispanic ethnicity? <input type="checkbox"/> No <input type="checkbox"/> Yes	(please indicate both an ethnicity and race)
<b>Race</b>	<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
<b>Residence</b>	<input type="checkbox"/> Farm (rural area where agricultural products are sold) <input type="checkbox"/> Town under 10,000 and rural non-farm <input type="checkbox"/> Town / City 10,000 - 50,000 and its suburbs	<input type="checkbox"/> Suburb of city more than 50,000 <input type="checkbox"/> Central city more than 50,000
<b>Military</b>	<input type="checkbox"/> No one in my family is serving in the military <input type="checkbox"/> Myself, and/or my spouse, is currently serving in the military	<input type="checkbox"/> I have a parent serving in the military
<b>Branch / Component</b>	<input type="checkbox"/> Air Force <input type="checkbox"/> Army <input type="checkbox"/> Coast Guard <input type="checkbox"/> Marines <input type="checkbox"/> Navy / <input type="checkbox"/> Active Duty <input type="checkbox"/> National Guard <input type="checkbox"/> Reserves	

4hOnline

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)		

## Projects

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

<b>Member Signature</b>	<b>Date</b>
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<b>Parent / Guardian Signature</b>	<b>Date</b>
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