Fairfield County

4-H Enrollment Form

CLOVERBUD

Club: _____

FOR OFFICE USE

County Code: _____ Club Code: _____ Member Code: _____

Category (Circle One): 1) Member 2) Cloverbud/Mini 4-H 3) Organizational Leader 4) Activity Leader 5) Project Leader 6) Resource Leader 7) Special

Enrollment Type (Circle N-New Enrollment R-Re-Enrollment Drop From Club

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

Address: _____ City: _____ State _____ Zip _____

School: _____ Year In 4-H: _____

Youth Leader _____ Gender: _____ Birthday: ____/____/____ 4-H Age: _____ Grade: _____

Other 4-H Memberships: _____ **Email address** _____

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

Race (circle one): 1) White 2) Black 3) Alaskan/Am. Ind. 4) Asian 5) Hawaiian/Pac. Island 6) White and Black 7) White and Am. Ind. 8) Black and Am. Ind. 9) White and Asian 10) Not Listed

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

Project Name	**Project Code**
_____	_____
_____	_____
_____	_____

__Check her if Military dependant. Indicate branch of Service

I give The Ohio State University permission to publish in print, electronic, or video format the likeness or image of my child or mysel
Yes No (circle one)

I live in _____ County

__Are there any special needs that require specific accommodations for your successful participation in this program (i.e. reading assistance, physical needs, etc.)?

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

Address: _____ City: _____ State _____ Zip _____

Home Phone: ( ) - _____ Work Phone: ( ) - _____ **Email address** _____

Occupation (optional): _____

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

Legal Guardian: Yes / No Send Mailing: Yes / No

Member Signature _____ **Leader Signature** _____

Parent Guardian Signature _____ **Date** _____