



## Florida 4-H Youth Enrollment Form

**Directions:** After you have contacted your County 4-H Agent and chosen a local 4-H Program for your child to be a part of, you will need to complete a 4-H Youth Enrollment Form and a Florida 4-H Participation Form for Youth and Adults. **These forms can be completed online by a parent or a legal guardian at <https://florida.4honline.com>.** If parents or guardians do not have access to a computer, they may complete the Enrollment and Participation Forms and turn both into their County 4-H Agent or 4-H Club Leader. You will be contacted by your County Extension Office when your forms have been entered in 4HOnline.

### Family Profile Information

Family Last Name: \_\_\_\_\_ Family E-mail: \_\_\_\_\_ Primary Phone: (\_\_\_\_) \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Correspondence Preference:  **E-mail**  **Mail** 4-H County: \_\_\_\_\_ Primary 4-H Club: \_\_\_\_\_

### Member Profile Information

Member E-mail (if different from Family E-mail): \_\_\_\_\_  
 First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Preferred Name: \_\_\_\_\_ Mailing Address (if different from Family Address): \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 4-H Age (as of September 1, 2016): \_\_\_\_\_ Number of years as a 4-H member, including current year: \_\_\_\_\_  
 Parent/Guardian 1: First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Work Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_  
 Parent/Guardian 2: First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Work Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_  
 Emergency Contact (Other than Parents/Guardians) First and Last Name: \_\_\_\_\_  
 Emergency Contact Phone: (\_\_\_\_) \_\_\_\_\_ Emergency Contact Relationship \_\_\_\_\_

Is the member a youth volunteer?\*  **Yes**  **No** \* If the member is a youth volunteer, a UF/IFAS Employee may contact you with further enrollment instructions.

**Ethnicity:** Are you of Hispanic ethnicity?  Yes  No

**Race:**  White  Black  Asian  American Indian or Alaskan  Native Hawaiian or Pacific Islander  I prefer not to give my race.

**Gender:**  Male  Female **Residence:**  Farm  Town Under 10,000 or rural non-farm  Town/city 10,000-50,000  
 Suburb of city more than 50,000  Central city more than 50,000

**Parent or Sibling Serving in the Military:**  The member has a parent serving in the military.  The member has a sibling serving in the military.

**A Family Member is in:**  Air Force  Army  Coast Guard  DOD Civilian  Navy  Marines

**Branch:**  Active Duty  National Guard  Reserves

**Grade:** \_\_\_\_\_ **School:** \_\_\_\_\_ School is in my 4-H County?  Yes  No

In 4-H in a county different from the County I Live in. **County I Live In:** \_\_\_\_\_

In 4-H in 2 counties **My 2nd 4-H County:** \_\_\_\_\_ **Club** \_\_\_\_\_ **Project** \_\_\_\_\_ **Year** \_\_\_\_\_

Project Title	Years in Project	Project Book Title Needed <a href="http://florida4h.org/">http://florida4h.org/</a>

Program Fees if Applicable:
Club Fee/Dues Paid \$ _____
<input type="checkbox"/> Purchase of Project Books Due \$ _____ Paid \$ _____ (Bal. Due: \$ _____)
Total Amount Paid: \$ _____
Paid by Check <input type="checkbox"/> Check # _____
Paid by Cash <input type="checkbox"/>

<b>For County Office Use Only:</b> Date forms received in County Office _____
Date forms entered into 4HOnline Database _____