



# San Juan County 4-H

## 2018 - 2019 MEMBER Enrollment Form



ALL SPACES MUST BE COMPLETED!

**Please PRINT Clearly!!!**

Today's Date \_\_\_\_\_

<b>4-H MEMBER INFORMATION</b>	
FIRST NAME:	LAST NAME:
ADDRESS:	BIRTHDATE [MM/DD/YYYY]:                      AGE:
CITY & STATE:	HOME PHONE:
ZIP CODE:	CELL PHONE:
GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
<b>SCHOOL INFORMATION</b>	
SCHOOL NAME: _____	
SCHOOL TYPE: <input type="checkbox"/> Public School	SCHOOL GRADE:    Kindergarten - 2nd Grade - _____
<input type="checkbox"/> Private School	3rd Grade - 12th Grade - _____
<input type="checkbox"/> Home School/Alternative	<input type="checkbox"/> Post High School Education
<input type="checkbox"/> Vocational Education	<input type="checkbox"/> Not in School
<input type="checkbox"/> Special Education	
<input type="checkbox"/> Charter School	
Years in 4-H (Including CloverBud Years):	EMAIL ADDRESS:
I request to receive the Monthly 4-H Newsletter by:    MAIL        EMAIL	
<b>Parent/Guardian 1</b>	
First Name:	Last Name:
Address [If different from member] :	Cell Phone:
	Home Phone:
	Work Phone:
Relationship to Member:	Parent 1 Email:
<b>Parent/Guardian 2</b>	
First Name:	Last Name:
Address [If different from member] :	Cell Phone:
	Home Phone:
	Work Phone:
Relationship to Member:	Parent 2 Email:
<b>Second Household</b>	
Send Correspondence: <input type="checkbox"/> No <input type="checkbox"/> Yes	
First Name:	Last Name:
Mailing Address:	Home Phone:
	Cell Phone:
Email:	
<b>EMERGENCY CONTACT:</b>	
Name:	Phone:
Email:	Relationship:
<b>ETHNICITY AND RACE (check all that apply)</b>	
Ethnicity: Are you of Hispanic ethnicity? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Race: <input type="checkbox"/> Caucasian / White <input type="checkbox"/> African American / 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	

