



# Lancaster County 4-H Youth Enrollment Form



Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alternate PN: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Grade in School: \_\_\_\_\_ Years in 4-H (include this year): \_\_\_\_\_

Name of School: \_\_\_\_\_

Email: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Please list additional information below.

Primary Club: \_\_\_\_\_ Club 2: \_\_\_\_\_

Club 3: \_\_\_\_\_ Club 4: \_\_\_\_\_

<p>Ethnicity: (check one)</p> <p><input type="checkbox"/> Hispanic or Latino</p> <p><input type="checkbox"/> Not Hispanic or Latino</p>	<p>Race: (check all that apply)</p> <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> Black or African American</p> <p><input type="checkbox"/> American Indian or Alaskan Native</p> <p><input type="checkbox"/> Native Hawaiian or Other Pacific Islander</p> <p><input type="checkbox"/> Asian</p>	<p>Residence: (check one)</p> <p><input type="checkbox"/> Farm/Ranch</p> <p><input type="checkbox"/> Town less than 10,000 &amp; Rural Non-farm</p> <p><input type="checkbox"/> City over 50,000</p>
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Project Name

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Project Name

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### Additional Parent/Guardian Information (if different from above):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Other Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Other Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Send Mailings:  Yes  No

Send Mailings:  Yes  No

I give permission to use my child's name/photograph in publications, advertisements, news articles, videos, Web sites or other electronic media pertaining to 4-H activities.

Check one:  Yes  No

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_