4-H Individual Enrollment Form
Revised 2-11

☐ Cloverbud (ages 5-8) ☐ Junior (9-13) ☐ Senior (14-19)

Determinated by age as of January 1 of the current year

Club

Name

Last

First

Middle Initial

Birth Date

Mailing Address

Street, Route, Box

School

Grade

City

Zip Code

Phone ( ) E-mail Address Employment

The purpose of the following is only to gather statistics and determine compliance with Civil Rights laws.

Ethnic Classification – Check One

☑ Hispanic or Latino ☐ Not Hispanic

Race – Check One

☐ White (only)

☐ Black or African American (only)

☐ American Indian or Alaska Native (only)

☐ Asian (only)

☐ Native Hawaiian or other Pacific Islander (only)

☐ White and Black

☐ White and American Indian or Alaska Native

☐ Black and American Indian or Alaska Native

☐ White and Asian

☐ Balance (other combination)

☐ Disabled – List Disability

NOTE: Persons with disabilities who require alternative means for communication of program information (large print, audio tapes, etc.) should notify the county Extension office as soon as possible prior to activities.

Parent or guardian information:

Relation

Name

Phone H ( ) W ( )

E-mail

Occupation

☐ Check if parent is in the military or retired from the military.
<table>
<thead>
<tr>
<th>Code</th>
<th>Project Name</th>
<th>Need Project Book</th>
<th>Specify Manual No. Needed</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>CA1</td>
<td>Child Development 1 – On My Own</td>
<td>X</td>
<td>BU7139</td>
<td>$3.00</td>
</tr>
</tbody>
</table>

TOTAL $0.00

I have read and completed this enrollment form and agree to adhere to the 4-H program policies and Code of Conduct.

Applicant’s Signature ____________________________ Date ________________

I give permission to use, publish, and republish for purposes of advertising, public relations or other lawful use, information about applicant and reproductions of their likeness (photographic or otherwise) and their voice.

Parent/Guardian Signature ____________________________ Date ________________

4-H Leader Signature ____________________________ Date ________________

University of Arkansas, United States Department of Agriculture, and County Governments Cooperating

The Arkansas Cooperative Extension Service offers its programs to all youth between the ages of 5 and 19 regardless of race, color, sex, gender identity, sexual orientation, national origin, religion, age, disability, marital or veteran status, genetic information, or any other legally protected status, and is an Affirmative Action/Equal Opportunity Employer.