

Kentucky 4-H Enrollment System (7/04)



County _____

Member Form _____

Club: _____

FOR OFFICE USE ONLY

County Code _____

Club Code _____

Member Code _____

Category (Circle One): 1) Member 2) Cloverleaf/Mini 4-H 3) Organizational Leader

4) Activity Leader 5) Project Leader 6) Resource Leader 7) Special

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

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

Address: _____ City: _____ State KY Zip _____

School: _____ Year In 4-H _____

Youth Leader: _____ Gender: _____ Birthdays: / / 4-H Age _____ Grade: _____

Other 4-H Memberships: _____ E-mail: _____

Leader Type (circle one): 1) Direct Volunteer 2) Indirect Volunteer 3) Middle Manager

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

Race (circle all that apply): 1) White 2) Black 3) African Am. Ind.

4) Asian 5) Hawaiian Pac. Island

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	Youth Leader	Need Lit.	Year in Project
_____	_____	Yes/No	Yes/No	_____
_____	_____	Yes/No	Yes/No	_____
_____	_____	Yes/No	Yes/No	_____
_____	_____	Yes/No	Yes/No	_____

Do you require an accommodation for a disability to participate in this program? _____



Parent Information

4-H Member (Childs) Last Name: _____ 4-H Member (Childs) First Name: _____ M.I. _____

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Parent Code 1: _____

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

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: () _____ Work Phone: () _____

Occupation (optional): _____

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

Legal Guardian: Yes / No Sending Mail: Yes / No E-mail: _____

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Parent Code 2: _____

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

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: () _____ Work Phone: () _____

Occupation (optional): _____

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

Legal Guardian: Yes / No Sending Mail: Yes / No E-mail: _____

Authorization of Use

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Signature of Parent or Guardian: _____ Date: _____

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