



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, 2015): _____ 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 http://florida4h.org/

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"/>

For County Office Use Only: Date forms received in County Office _____

Date forms entered into 4HOnline Database _____