

Florida 4-H Youth Enrollment Form

Directions: This form and the *Florida 4-H Participation Form for Youth and Adults* must be completed by a Parent or Guardian for each youth participant. Online enrollment is also available at the 4-H Online Enrollment website <https://v2.4honline.com/>.

Family Profile Information

Family Last Name: _____ Family E-mail: _____ Primary Phone: (____) _____
 Address: _____ City: _____ Zip: _____
 4-H County: _____

Member Profile Information

First Name: _____ Middle Name: _____ Last Name: _____
 Preferred Name: _____ Birth Date: ____/____/____ Phone Number: (____) _____
 E-mail (if different from Family E-mail): _____ 4-H Age (as of September 1, 2023): _____
 Number of years as a 4-H member, including current year: _____ T-Shirt Size: _____

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: _____

Ethnicity: Are you of Hispanic ethnicity? Yes No Prefer Not to State

Race: American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Pacific Islander
 Other (race not listed) White Prefer Not to State

Gender Identity: Female Male Prefer Not to Respond

Residence: Farm Town Under 10,000 or rural non-farm Town, city, or suburbs 10,000-50,000 City or suburb more than 50,000
 City – Central, 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.
 The member has a parent who is retired from the military.

A Family Member is/was in: Air Force Army Coast Guard DOD Civilian Navy Marines
Component: Active Duty National Guard Reserves

Grade: _____ **School:** _____ **School is in my 4-H County?** Yes No

Primary 4-H Club: _____

Project Title _____ **Years in Project** _____

Title of Project Book Needed _____

Second County

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** _____

For Office Use: Fees Paid _____ **Check Made Payable to: UNIVERSITY OF FLORIDA and sent to 4-H Business Services**
 Date Form Entered into 4HOnline _____