



## 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 on September 1 (start of 4-H year): \_\_\_\_\_ 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? ☐ **No** ☐ **Yes** ☐ **I prefer not to give my ethnicity and/or race.**

**Race:** ☐ **White** ☐ **Black** ☐ **Asian** ☐ **American Indian or Alaskan** ☐ **Native Hawaiian or Pacific Islander**

**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**

**A Family Member is in:** ☐ **Air Force** ☐ **Army** ☐ **Coast Guard** ☐ **Navy** ☐ **Marines** **Branch:** ☐ **Active Duty** ☐ **National Guard** ☐ **Reserves**

**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.**

**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 <a href="http://florida4h.org/">http://florida4h.org/</a>

**For County Office Use Only:** Date forms received in County Office \_\_\_\_\_  
Date forms entered into 4HOnline Database \_\_\_\_\_

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"/>