NYS 4-H Member Enrollment Form **4- H Year:** _____

Member Information:

Last Name		**First Name Date of Birth**	
Preferred Name		**(Youth Only) Primary**	
Email		**Phone Work Phone**	( )
Cell Phone		**Emergency Contact #**	
Emergency Contact Name		**Mailing Address 2**	
Mailing Address		**County (of residence)**	
City		**Zip**	
State		**M.I**	
Township		**Gender**	
Receive Email Newsletters	□ Yes □ No		□Male □ Female □Gender Identity not listed □Prefer not to respond

"I consent to receiving texts from CCE" My Cell Carrier is: _____ My cell phone number is: _____

Parent/Guardian 1 Information:

FOR OFFICE USE ONLY: Family ID: _____

Last Name		**First Name**	
M.I		**Preferred Name**	
Mobile Phone		**Work Phone**	
Mailing Address 1		**Mailing Address 2**	
City		**County (of residence)**	
State		**Zip**	
Occupation		**Email**	
		Receive Email Newsletters	
Legal Guardian	□Yes □ No		□ Yes □ No

"I consent to receiving texts from CCE" My Cell Carrier is: _____ My cell phone number is: _____

Parent/Guardian 2 Information:

FOR OFFICE USE ONLY: Family ID: _____

Last Name		**First Name**	
M.I		**Preferred Name**	
Mobile Phone		**Work Phone**	
Mailing Address 1		**Mailing Address 2**	
City		**County (of residence)**	
State		**Zip**	
Occupation		**Email** **Receive Email Newsletters**	
Legal Guardian	□Yes □ No		□ Yes □No

"I consent to receiving texts from CCE" My Cell Carrier is: _____My cell phone number is: _____

ES 237 Demographics:

Ethnicity	**Are you of Hispanic ethnicity?**	☐ Yes ☐ No
Race	☐ White	□Native Hawaiian or Pacific Islander
	☐ Black	□ Asian
	☐ American Indian or Alaskan Native	□Prefer Not to State

NYS 4-H Member Enrollment Form **4-H Year2024-2025**

Residence	□Farm	□Suburb of city more than 50,000
	□Town under 10,000 & rural non-farm	□Central city more than 50,000
	□Town /City 10,000-50,000 & suburbs	
Military	□No one in my family is serving in the military	□I have a parent serving in the military
	□I have a sibling serving in the military	
Branch Component	□Air force □ Army □ Coast Guard □ Marines □ Navy	
	□Active Duty □ National Guard □ Reserves	
Grade	_____**School Name** _____	
School Type	☐ Public School	☐ Homeschool/Alternative

(Youth Only)

□ Private School □ Magnet/ Specialized School

□ Special Education □ Charter School

Enrollment Information:

Status	□New □ Returning/ Re-Enrollment
Enrollment Category	□Member □Cloverbud Club:_____ Date Enrolled:_____4-H age:_____ Years In 4-H: _____
Enrollment Fee (if applicable)	Paid : □ Yes □ No Payment method: □ Cash □ Check Check #: _____
Is this individual a Youth Volunteer?	□Yes □ No
Is Youth member a club officer?	□Yes □ No Club Officer position: _____
Forms Submitted	□Photo Release □ Acknowledgement of Risk □ Code of Conduct From

Educational Focus:

Clubs	□ Enroll (New Club):_____ (New Club):_____ (New Club):_____ (New Club):_____
Projects	□ Enroll (New Project):_____(New Project):_____ (New Project):_____(New Project):_____ (New Project):_____(New Project):_____ (New Project):_____(New Project):_____
Activities	
Certifications	

Youth Signature_____**Date:** _____

Parent/ Guardian Signature:_____**Date:** _____

Leader Signature_____**Date:** _____