# 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](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

<table>
<thead>
<tr>
<th>Family Last Name:</th>
<th>Family E-mail:</th>
<th>Primary Phone:</th>
</tr>
</thead>
<tbody>
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<table>
<thead>
<tr>
<th>Address:</th>
<th>City:</th>
<th>Zip:</th>
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<tbody>
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</table>

**Correspondence Preference:**  
- [ ] E-mail  
- [ ] Mail

**4-H County:**  
- Parent/Guardian 1: Primary 4-H Club:  
- Parent/Guardian 2: Primary 4-H Club:  

## Member Profile Information

**Member E-mail (if different from Family E-mail):**

<table>
<thead>
<tr>
<th>First Name:</th>
<th>Middle Name:</th>
<th>Last Name:</th>
</tr>
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<tbody>
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</table>

**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?  
- [ ] Yes  
- [ ] No  
- [ ] 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  
- [ ] 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:**  
- [ ] Yes  
- [ ] No

<table>
<thead>
<tr>
<th>Project Title</th>
<th>Years in Project</th>
<th>Project Book Title Needed <a href="http://florida4h.org/">http://florida4h.org/</a></th>
</tr>
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</table>

**Program Fees if Applicable:**

- Club Fee/Dues Paid $  
- Purchase of Project Books  
  - Due $  
  - Paid $  
  - (Bal. Due: $ )

<table>
<thead>
<tr>
<th>Total Amount Paid:</th>
<th>Paid by Check</th>
<th>Check #</th>
<th>Paid by Cash</th>
</tr>
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**For County Office Use Only:**  
- Date forms received in County Office:  
- Date forms entered into 4HOnline Database:  

A completed Florida 4-H Participation Form for Youth and Adults is required with this form. Revised August 1, 2014 for 2014-2015 4-H Year