



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	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Gender Identity not listed <input type="checkbox"/> 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	
Legal Guardian	<input type="checkbox"/> Yes <input type="checkbox"/> No	Receive Email Newsletters	<input type="checkbox"/> Yes <input type="checkbox"/> 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	
Legal Guardian	<input type="checkbox"/> Yes <input type="checkbox"/> No	Receive Email Newsletters	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Race	<input type="checkbox"/> White	<input type="checkbox"/> Native Hawaiian or Pacific Islander
	<input type="checkbox"/> Black	<input type="checkbox"/> Asian
	<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Prefer Not to State



NYS 4-H Member Enrollment Form

4-H Year 2024-2025

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

(Youth Only)

- Private School
- Special Education

- Magnet/ Specialized School
- Charter School

Enrollment Information:

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

Educational Focus:

Clubs	<input type="checkbox"/> Enroll (New Club): _____ (New Club): _____ (New Club): _____ (New Club): _____
Projects	<input type="checkbox"/> 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: _____