

# 2006 Family Enrollment Form

Parent/ Family Information: (Parent 1- Where members mail will be sent)

Parent 1 \_\_\_\_\_ Phone: Home Work \_\_\_\_\_  
Name (first, last)

Address: \_\_\_\_\_  
Street City State Zip

e-mail address: \_\_\_\_\_

Parent 2 \_\_\_\_\_ Phone: Home Work \_\_\_\_\_

Address: \_\_\_\_\_  
(if different than parent 1) Street City State Zip

e-mail address: \_\_\_\_\_

\_\_\_\_\_ Check here if the Lawrence County 4-H Program and Ohio State University Extension has your permission to use your child's picture or image in videos for publication.

***My child had permission to be a member of this 4-H club and participate in the listed projects:***

\_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_ Date

## 4-H Member Information

**Member 1** \_\_\_ New \_\_\_ Returning  
\_\_\_ Years in 4-H

Name: \_\_\_\_\_

Club Name: \_\_\_\_\_

School: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age 1/1 \_\_\_\_\_

Grade: \_\_\_\_\_ Youth Leader: \_\_\_\_\_

County where member lives: \_\_\_\_\_

Project Name	Project Code

Gender (circle one): *Male or Female*

Ethnic (circle one): *Hispanic or Latino*  
*Not Hispanic or Latino*

Racial (may circle one or more): *White, African Am., Am. Indian or Alaskan Native, Asian, Native Hawaiian or Pacific Islander*

Residence: *Farm, Rural, Town*

Do you require accommodation for a disability? \_\_\_\_\_

**Member 2** \_\_\_ New \_\_\_ Returning  
\_\_\_ Years in 4-H

Name: \_\_\_\_\_

Club Name: \_\_\_\_\_

School: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age 1/1 \_\_\_\_\_

Grade: \_\_\_\_\_ Youth Leader: \_\_\_\_\_

County where member lives: \_\_\_\_\_

Project Name	Project Code

Gender (circle one): *Male or Female*

Ethnic (circle one): *Hispanic or Latino*  
*Not Hispanic or Latino*

Racial (may circle one or more): *White, African Am., Am. Indian or Alaskan Native, Asian, Native Hawaiian or Pacific Islander*

Residence: *Farm, Rural, Town*

Do you require accommodation for a disability? \_\_\_\_\_