

Birthday: _____ / _____ / _____ Age: _____ Gender: _____

Racial Classification (circle all that apply): White African American American Indian Asian -Island Pacific
Residence (circle one) Farm Rural Town Suburb City
(under 10,000)

Circle any that apply: Hispanic ethnicity Military family

Home Phone: _____ Family Email: _____

Parent or Guardian Information:

Mobile Phone:

Work Phone:

Primary:

Secondary:

_____	_____	_____
_____	_____	_____

Health concerns, allergies, dietary or special needs: _____

THIS ENROLLMENT FORM IS GOOD FOR ALL FAYETTE COUNTY 4-H
YOUTH DEVELOPMENT ACTIVITIES AND EVENTS FOR THE PERIOD OF:
August 1st to July 31st of the program year listed above.

