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. 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

Family Last Name: ___________________________ Family E-mail: ___________________________ Primary Phone: (__________)

Address: __________________________________ City: ___________________________ Zip: ___________________________

Correspondence Preference: □ E-mail □ Mail 4-H County: ___________________________ Primary 4-H Club: ___________________________

Member Profile Information

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

First Name: ___________________________ Middle Name: ___________________________ Last Name: ___________________________

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 Relationship ___________________________ Emergency Contact Phone: (__________ ) ___________________________

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? □ No □ Yes □ 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 Branch: □ 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. County I Live In: ___________________________

□ In 4-H in 2 counties My 2nd 4-H County: ___________________________ Project ________ Year ________

Program Fees if Applicable:

Club Fee/Dues Paid $ ________

□ Purchase of Project Books

Due $ ________ Paid $ ________

(Bal. Due: $ ________)

Total Amount Paid: $ ________

Paid by Check □ Check # ________

Paid by Cash □

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