

4-H EFNEP Group Enrollment Form

C0688E
(Rep. 3/05)
On Computer:

Please print in the **UNSHADED** areas only. Skip #14- #20 if you plan to enter youth individually.

1. Group ID: _____ 2. Unit/Group Name: _____

3. Unit Delivery Mode (circle one):

- A - Organized club C - Overnight camp (resident, primitive, or travel) E - Individual, mentoring or family learning
B - Special interest, short-term program & day camp D - School enrichment program F - School-age child care
G - Instructional television or video

4. Street Address: _____

5. City: _____ 6. State: _____ 7. Zip Code: _____

8. Area Code & Telephone: _____ - _____ 9. Program Start Date: ____/____/____ 10. Program End Date: ____/____/____

Staff ID's: 11. Leaders (First and Last Names):

a. _____ (primary) c. _____

b. _____ (staff) d. _____

National Initiative: _____

12. Number of Meetings: _____ 13. Number of Contact Hours: _____

Skip #14 through #20 if you plan to enter youth individually.

14. Number of Youth in other 4-H programs: _____

15. Group Totals _____

16. Number of females by racial/ethnic background:

White Black American Indian/Alaskan Hispanic Asian/Pacific Islander

17. Number of males by racial/ethnic background:

White Black American Indian/Alaskan Hispanic Asian/Pacific Islander

18. Number of youth by age:

	<u>Age</u>	<u>Age</u>
_____	under 1	_____ 10
_____	1	_____ 11
_____	2	_____ 12
_____	3	_____ 13
_____	4	_____ 14
_____	5	_____ 15
_____	6	_____ 16
_____	7	_____ 17
_____	8	_____ 18
_____	9	_____ 19

19. Number of youth by place of residence:

- _____ a. Farm
_____ b. Towns with population under 10,000 and rural non-farm
_____ c. Towns and cities with population 10,000—49,999 and their suburbs
_____ d. Suburbs of cities with population over 50,000
_____ e. Central cities with population over 50,000

20. Group Total: _____

21. Name and telephone number of person completing this form:

(First and Last Name) _____

Area Code and Telephone _____ - _____

4-H EFNEP Individual Member Enrollment Form

Please read instructions before completing this form. Print in the **UNSHADED** areas only.

1. Group ID: _____ Unit/Group Name: _____ Individual ID Number: _____

2. Name: First: _____ Last: _____

3. Route & Box Number or Street Address: _____

4. City: _____ 5. State: _____ 6. Zip Code: _____ - _____

7. Area Code & Telephone Number: _____ - _____ - _____

8. Sex: Male Female (Circle One)

9. Race/Ethnic Background (Check One):

- [] **1-00** White (non-Hispanic) [] **4-00** Hispanic (of any race)
[] **2-00** Black (non-Hispanic) [] **5-00** Asian/Pacific Islander
[] **3-00** American Indian/Alaskan

10. Residence: (Check One) [] Farm
[] Towns with population under 10,000 and rural non-farm
[] Towns and cities with a population of 10,000 to 49,999 and their suburbs
[] Suburbs of cities with a population over 50,000
[] Central cities with populations over 50,000

11. Date of Birth: _____ / _____ / _____
Month/Day/Year

12. Have you ever been a member of 4-H before? Yes No (Circle One)

13. Are you currently enrolled in any other 4-H program(s)? Yes No (Circle One)

14. Print Parent's/Guardian's Name: _____

15. Signature of Parent/Guardian: _____
(If required by county)