



North Carolina 4-H Youth Enrollment

(Paper Form)

The North Carolina 4-H Youth Development Program utilizes an “online” enrollment and registration system called 4-HOnline 2.0. Enrollment and Registrations should be completed online via the 4-HOnline 2.0 system. Paper copies are only allowed if an individual / family lacks internet access and or if English is a secondary language for the individual / family and usage of a translated paper version is preferred. NC 4-H Collects demographic information as part of our state and federal reporting procedures. *Paper forms will be manually entered into the 4-HOnline 2.0 system by the local 4-H program staff.

Year: _____ **County:** _____

FAMILY PROFILE INFORMATION

Email: _____ **Family Name:** _____

Mobile Phone Number: (____) _____

Address: _____
Street Address City State Zip Code

YOUTH MEMBER INFORMATION

Youth Member Name: _____
First Middle Last Preferred (if needed)

Date of Birth: _____ **Years in Program:** _____

Gender: Female Male Gender Identity Not Listed Prefer Not to Answer

Grade in School: _____

Residence: Farm City over 50,000 people
 Town under 10,000 people or rural non-farm Suburbs of city over 50,000 people
 City 10,000-50,000 people

Are you of Hispanic or Latino ethnicity? Hispanic or Latino Non-Hispanic or Latino Prefer Not to State

Race:
 White Asian
 Black or African-American Balance (other combinations)
 American Indian or Alaska Native Prefer Not to State
 Native Hawaiian or other Pacific Islander

Emergency Contact: _____ / _____
Full Name Relationship to member

Contact Phone: _____ **Contact Email:** _____

Parent or Guardian 1: _____ **Phone Number:** (____) _____
First Name Last Name

Parent or Guardian 2: _____ **Phone Number:** (____) _____
First Name Last Name

School Name: _____

School Type:

- | | |
|--|---|
| <input type="checkbox"/> Charter School | <input type="checkbox"/> Public School |
| <input type="checkbox"/> Homeschool | <input type="checkbox"/> Special Education |
| <input type="checkbox"/> Magnet / Specialized School | <input type="checkbox"/> Vocational Education |
| <input type="checkbox"/> Private School | |

Military Affiliation:

- | | |
|---|--|
| <input type="checkbox"/> I have a Family Member Serving in the Military | <input type="checkbox"/> I have a Sibling who is Serving in the Military |
| <input type="checkbox"/> I have a Parent Serving in the Military | <input type="checkbox"/> No one in my family is serving in the Military |
| <input type="checkbox"/> I have a Parent Who Retired from the Military | |
| <input type="checkbox"/> I have a Parent who Served in the Military | |

Branch of Service (if applicable):

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> Air Force | <input type="checkbox"/> Marines |
| <input type="checkbox"/> Army | <input type="checkbox"/> Navy |
| <input type="checkbox"/> Coast Guard | <input type="checkbox"/> Not Applicable |
| <input type="checkbox"/> DOD Civilian | |

Branch Component (if applicable):

- Active Duty National Guard Reserves Not Applicable

Custody Release: You may be asked to present photo ID at check-out. This is for the participant's safety. Please be aware of this policy before picking up the participant. I hereby give permission for this participant to be allowed to leave the 4-H program after the activity; and if it is necessary for the participant to leave before the end of the program due to illness, injury, or behavioral issues; I hereby give permission for the participant to be released into the custody of:

Member's T-Shirt Size:

- | | | |
|--------------------------------------|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Adult Small | <input type="checkbox"/> Adult Medium | <input type="checkbox"/> Adult Large |
| <input type="checkbox"/> Adult XL | <input type="checkbox"/> Adult 2XL | <input type="checkbox"/> Adult 3XL |
| <input type="checkbox"/> Adult 4XL | <input type="checkbox"/> Youth Small | <input type="checkbox"/> Youth Medium |
| <input type="checkbox"/> Youth Large | <input type="checkbox"/> Youth XL | |

**This information is required for all federally assisted programs and is solely used for the purpose of determining compliance with Federal civil rights laws; your responses will not affect consideration of your application. By providing this information, you will assist us in assuring that this program is administered in a nondiscriminatory manner.*

<p>For office use only</p> <p>4-H Membership # _____</p> <p>Date entered: _____</p>
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