



HARRISON COUNTY Clover Bud ENROLLMENT FORM



COOPERATIVE
EXTENSION
SERVICE



Harrison County Extension Service
668 New Lair Road
Cynthiana, KY 41031
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"Harrison County 4-H"

2017-2018

1. **STATUS** (check one) _____ NEW MEMBER _____ RETURNING MEMBER _____ # YEARS IN 4-H
2. **NAME** _____
3. **MAILING ADDRESS** _____
CITY _____ STATE KY ZIP _____
4. **EMAIL ADDRESS** _____
5. **PHONE NUMBER** _____ **DO YOU TEXT?** YES NO
6. **BIRTHDAY** _____ **AGE AS OF 1-1-2018** _____
6. **ARE YOU A** _____ GIRL _____ BOY?
7. **CURRENT GRADE IN SCHOOL** _____ **NAME OF SCHOOL** _____
8. **RACE** (CHECK ONE) ___ WHITE (NON-HISPANIC) ___ AFRICAN AMERICAN ___ HISPANIC
___ ALASKAN/AMERICAN INDIAN ___ HAWAIIAN/PACIFIC ISLANDER ___ ASIAN
9. **RESIDENCE** (CHECK ONE) YOU LIVE IN: _____ TOWN _____ OUT OF TOWN BUT NOT ON A FARM _____ FARM

PARENT/GUARDIAN, PLEASE COMPLETE THIS SECTION

PARENT / GUARDIAN WITH WHOM 4-H MEMBER LIVES (address should be the same as the 4-H member)

Parent / Guardian #1 Name _____

Daytime Phone (_____) _____ - _____ Work Phone (_____) _____ - _____

Parent / Guardian #2 Name _____

Daytime Phone (_____) _____ - _____ Work Phone (_____) _____ - _____

Email _____ @ _____

→ My child has my permission to join Clover Bud Club.

Signature of Parent / Guardian if 4-Her is under 18 years of age*

Today's Date

→ I am willing to be a project leader, or would like/be able to assist with the following (see activities on back).

→ I give my permission for photos of my child to be used for 4-H Clover Bud publications and events.

Signature of Parent / Guardian if 4-Her is under 18 years of age *

Today's Date

***Signature of Parent / Guardian MUST accompany this form if 4-Her is under 18 years of age in order for it to be valid.**



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