



4-H Cloverbud Enrollment Form

CLUB NAME _____ County Cheshire

FOR OFFICE USE ONLY Club Code: _____		Member Code _____	
		Initialed by _____	Date _____

Cloverbud (5-7 years old) **CEX1** **New** or **Return** or **Remove from Club** (circle one)

Your last name: _____ First name: _____ M.I. _____

Mailing address: _____ Town _____

State: _____ Zip code: _____ School: _____ Year in Cloverbuds: _____

Date of Birth: ____/____/____ Age as of January 1st _____ Gender: Female ___ Male ___

Ethnic (circle one): Hispanic Not Hispanic

Race (circle one): White Black Alaskan/Am. Ind. Asian Hawaiian/Pac..Island White & Black

White & Alaskan/Am. Ind. Black & Alaskan/Am. Ind. White & Asian Other

Circle one: Farm Rural - Town under 10,000 Town or City 10,000-50,000 Suburb of City over 50,000 City over 50,000

Grade _____ Youth's e-mail address:(optional) _____

Do you have a sibling who is a 4-H member? _____ If yes, please list their name(s) below.

I want the Extension office to be aware of the following disability and or allergy: _____

Yes **No** I give permission for the use of quotes/photos of my child or myself; in the newspaper, newsletter, UNH Cooperative Extension web sites, or in other ways to publicize 4-H events or activities.

I do **NOT** want UNH Cooperative Extension to release my name and address, email, or telephone number to outside agencies/companies as part of a public record list.

Signature _____ Date: _____

Is either parent of guardian in the military? (Optional) Yes No

Parent/guardian name(s) (Head of household): _____

Are you the parent or legal guardian? _____ Home telephone # _____

Mother's Name: _____

Work phone# _____ Ext # _____

Beeper # _____ Cell# _____

Fax # _____

Mother's e-mail address:
(optional) _____

Mother's Occupation: _____

Father's Name: _____

Work Phone# _____ Ext # _____

Beeper # _____ Cell# _____

Fax # _____

Father's e-mail address:
(optional) _____

Father's Occupation: _____

Actual town where you child lives if not the same as your mailing address: _____

I am the parent/guardian and approve my child's enrolling with 4-H

Parent/Guardian Signature: _____ Date _____

Leader Signature: _____ Date _____

Member Signature: _____ Date _____

I/We (parent/guardian) are interested in being involved by (check any that apply) I am currently serving as a volunteer
 Assisting w/club activity Assisting w/county event Assisting w/existing leader Creating a 4-H newsletter or website
 Judging at county/state event Starting a cloverbud group Starting new 4-H club Becoming a project leader
 Sharing a special talent Arranging for special speaker/activity Other _____