



# 4-H CLOVERBUD ENROLLMENT FORM

CLUB NAME \_\_\_\_\_ County **Merrimack**

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 1<sup>st</sup> \_\_\_\_\_ 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 \_\_\_\_\_