

New Jersey 4-H Club Member Registration Form



FOR OFFICE USE ONLY:
Received in County Office _____ Entered into data base (membership official) _____ Welcome Sent _____

Please complete this form and return it to your county 4-H office.

Today's date: _____ 4-H County: _____ Current 4-H Member: (Check one) Yes No

What type of 4-H member are you? (Check one) 4-H Prep, grades 1 – 3 4-H Member, grades 4 – 13

First Name: _____ Middle Initial: _____ Last Name: _____

Street or P.O. Box: _____ Apt. # _____

City: _____ State: _____ Zip Code: _____

Town or township where you live? (if different from mailing address): _____

Do you live on a farm? (Check one) Yes No Are you: (Check one) Female (or) Male

School: _____ Current Grade: _____ Birth date: _____

E-Mail Address: _____ Phone Number: (_____) _____

List any health concerns/allergy/disability: _____

What is your race? (This is optional and for government reporting purposes only)

Check one:

Check all that apply:

- Hispanic
- Non-Hispanic

- White
- Black
- Am. Indian/Alaska Native
- Asian
- Hawaiian/Pac. Island

Check if you wish to be identified as a military family: (Check one) Yes No

4-H Club and Project Information

How many years have you been a 4-H member (including this 4-H year which started in September): _____ year(s)

Name of 4-H club you are registering for: _____

Name of 4-H leader(s): _____

How did you find out about 4-H? _____

Please list each project area in this club you are involved in. (For example: dog, foods, citizenship, leadership, etc.)

Project: _____ Total Years in project (including current year) _____

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(If you have more projects than fit on this page, please list them on a separate piece of paper and send with this form.)

Parent/Guardian Information

Primary Care Giver

First Name: _____

Last Name: _____

Street/PO Box: _____ **Apt#:** _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: (____) _____

Fax Number: (____) _____

Please use the work number only for emergency.

Work Phone Number: _____

Cell Phone or beeper: _____

Occupation: (Optional): _____

E-mail address (if different than child's):

Secondary Care Giver

First Name: _____

Last Name: _____

Street/PO Box: _____ **Apt#:** _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: (____) _____

Fax Number: (____) _____

Please use the work number only for emergency.

Work Phone Number: _____

Cell Phone or beeper: _____

Occupation: (Optional): _____

E-mail address (if different than child's):

New Jersey 4-H Media Policy and Release - The 4-H program routinely promotes activities through various media. This includes, but is not limited to, newsletters, brochures and displays. In doing so, the names and photos of members may be included to help tell the 4-H story. However, New Jersey 4-H policy is, on websites, youth in photos will not be identified by name(s).

No, do not use my individual picture for any purpose. I will make an effort to avoid opportunities to be in group photos.

No, do not use my name for any purpose.

Signatures

(Be sure to have member, parent/guardian, and leader sign before returning this form.)

We believe all the above information is complete and correct.

Member's Signature: _____ *Date:* _____

As a parent/guardian of the above-named 4-H member, I agree to support my child's participation in the 4-H program and abide by the policies, procedures and standards of behavior set forth by the 4-H Youth Development Department.

Your child is not a member until he/she is officially registered in the County 4-H office. Upon receiving this form from you, the 4-H office will review it for accuracy and send you a written letter of confirmation for your records. If you do not receive such notice within two weeks, contact the 4-H office and request information on your child's membership status.

Parent/Guardian signature: _____ *Date:* _____

Leader signature: _____ *Date:* _____

Please return this completed form immediately to your county 4-H office.

From: _____

Place Stamp Here
