

# 4-H CLOVERBUDS ENROLLMENT FORM



<b>First Name:</b>		<b>Last Name:</b>		<b>Parish:</b>	
<b>Physical Address:</b>					
<b>Mailing Address:</b>					
<b>Parent's Email Address:</b>					
<b>Phone Number:</b>			<b>Gender:</b>		
<b>Race: (circle one)</b> Black    White    Asian    Native Hawaiian or Pacific Islander    American Indian or Alaskan    Other					
<b>Ethnicity: (circle one)</b> Hispanic or Latino    Non-Hispanic or Latino			<b>Grade:</b>		<b>Age: As of 8/1/21</b>
<b>Date of Birth:</b>		<b>School/Club Name:</b>			

**PERMISSION FOR:** \_\_\_\_\_ (child's name) My child has permission to join 4-H Cloverbuds. I will encourage and assist my child to participate in this project club.

**Parent/Guardian Signature:** \_\_\_\_\_

**Parent/Guardian Name Print:** \_\_\_\_\_

I understand my child may participate in and/or complete surveys and evaluations that will be used to determine 4-H program effectiveness or to promote the program. Youth will be asked their consent before completing a survey or evaluation. Participation in surveys and evaluations is voluntary and does not affect eligibility to participate in the 4-H program.

I DO NOT agree to these terms



Louisiana 4-H is an open and inclusive youth development program. If specific accommodations are needed for a child with physical, learning or psychological needs under the Americans with Disabilities Act (ADA), please visit [LSUAgCenter.com](http://LSUAgCenter.com) for more information.