

UDC 4-H CYBERCAMP



ENROLLMENT FORM

FULL NAME: _____
(FIRST) (MI) (LAST)

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

WARD: _____

HOME #: _____ **E-MAIL ADDRESS:** _____

AGE (AS OF JANUARY 1): _____ **MALE:** ___ **FEMALE:** ___

RACE: BLACK: ___ **WHITE:** ___ **NATIVE AMERICAN:** ___ **HISPANIC:** ___
ASIAN: ___ **OTHER:** ___

(RACIAL INFORMATION IS VOLUNTARY AND IS BEING COLLECTED PURSUANT TO FEDERAL REGULATIONS.)

GRADE IN SCHOOL: ___ **SCHOOL NAME:** _____

SCHOOL ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

WARD: _____

PARENT/GUARDIAN NAME: _____
(FIRST) (LAST)

CONTACT INFORMATION:

DAY #: _____

EVENING #: _____

PERSON TO CONTACT IN CASE OF EMERGENCY: _____

PHONE #: _____

APPLICANT SIGNATURE: _____

PARENT/GUARDIAN SIGNATURE: _____

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