E H E D D	2024-202	25 Cooperative Extension Service
G # Class	Robertson C CLOVER Enrollment	$BUD \qquad \qquad 5-8$
Circle One: New Member Re	eturning Member	N
Last Name:	M.I First N	Name:
Parent's Email (<i>REQUIRED</i>):		
Mailing Address:		
City:	State: KY Zip:	
Birth date: / /	Gender: Female / Male / Prefer not to answer (Circle one)	
Primary Phone: #	Is it okay to send text messages to this number? YES NO	
Parent/Guardian Contact Info:		
Last Name:	First Name:	
Relationship to child	Cell Phone	
Hispanic Ethnicity: (check one): Yes—Hispanic or Latino Ethnicity (OR) No—Not Hispanic or Latino Ethnicity (OR)		
<u>Racial Groups</u>: (Circle all that apply) American Indian/Alaskan	White Asian	Black/African American Hawaiian/Pacific Islander
Residence (Circle One): Farm		Military Family: Yes No
Rural Under 10,000		Branch:
School: Robertson County School	School Grade:	Age:
I want the Extension Office to be aware of the	he following disability	v or impairment:
		ELEASE ight to use, reproduce, assign and/or distribute still pictures, video and promotion, advertising, educational publications or online content.
SIGNATURE OF PARENT:		NO, I do not permit.
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Agriculture and Natural Resources Family and Consumer Sciences 4-H Youth Development Community and Economic Development

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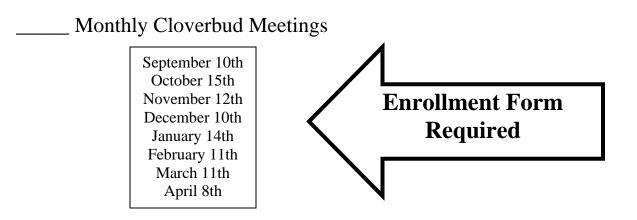


!!ATTENTION!!

Due to the large number of youth we have in our Cloverbud program, we are <u>requiring</u> for each child to have an enrollment form on file by <u>October 14th</u> in order to participate in after-school Cloverbud meetings.

Follow our Facebook Page (<u>*Robertson County Extension Service*</u>) or request to join the <u>*Robertson County Cloverbud*</u> Facebook Group to keep up-to-date on events and activities!

My child plans on participating in the following Cloverbud activities:



___ Cloverbud Camp (Summer overnight camp, 2 days)

_ Summer Cloverbud Day Camps

__ Novice Livestock Showing