



Youth Group Enrollment Form

Organization Name: _____ Facilitator Name: _____

Kit/Project: _____ Email: _____

Phone: _____ Start Date: _____ End Date: _____ Hrs of program _____

Why do we need this information?

Rhode Island 4-H is a program of the University of Rhode Island's Cooperative Extension and the United States Department of Agriculture and is both publicly and privately funded. This information is used to ensure equal opportunity for all children, is reported nationally and no person's individual identity is divulged. By submitting this form, you help us to properly count those that benefit from the 4-H program and help us to continue to support you in your efforts to educate youth.

Record the # of ADULTS/ TEACHERS in each category													
Female	Male	Non- Binary	Prefer not to answer	Military Family	Hispanic	Non- Hispanic							
White	Black	Am. Indian / Alaska Native	Asian	Haw. / Pacific Islander	Biracial	Other							
Record the # of YOUTH in each category													
Female	Male	Non- Binary	Prefer not to answer	Military Youth	Hispanic	Non- Hispanic							
White	Black	Am. Indian / Alaska Native	Asian	Haw. / Pacific Islander	Biracial	Other							
GRADE													
K	1st	2nd	3rd	4th	5th	6th	7th	8th	9th	10th	11th	12th	Not in School