

Return to:

By (date):



Group Enrollment Form

Name of Person Completing Form: _____

Name of After-School Program: _____

County: _____

Dates You Used the Kit: _____

Please answer the following questions about the youth in your program.

1. Total number of participants: _____ Number of males: _____ Number of females: _____
2. Estimated number of participants on free and reduced-price lunch: _____
3. Total number of participants already involved in 4-H: _____

4. **Where do the participants live?** (Indicate number of participants in each category.)

Where do the participants live?	Farm	Town under 10K	Towns and Cities 10K to 50K	Suburbs of Cities over 50K	City over 50K

5. **School grade(s) as of Jan 1** (Indicate number of participants in each category.)

K	1	2	3	4	5	6	7	8

6. **Race/Ethnicity** (Indicate number of participants in each category.)

Ethnicity:	Hispanic	Non-Hispanic

7. **Race**

Hispanic		Non-Hispanic	
White		White	
Black		Black	
American Native		American Native	
Asian		Asian	
Hawaiian/Pacific Island		Hawaiian/Pacific Island	
White and Black		White and Black	
White and American Native		White and American Native	
Black and American Native		Black and American Native	
White and Asian		White and Asian	

Note: The race categories MUST add up to the total reported above for ethnicity (#6).



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