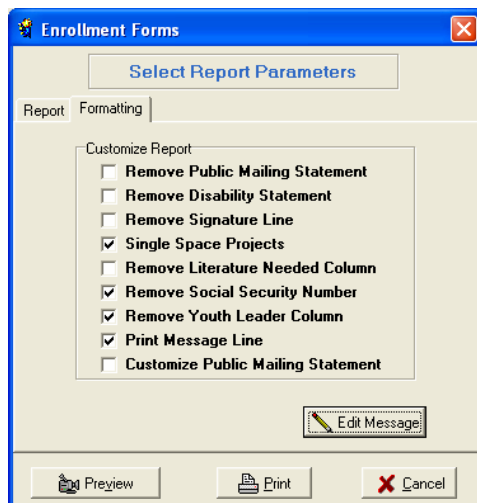
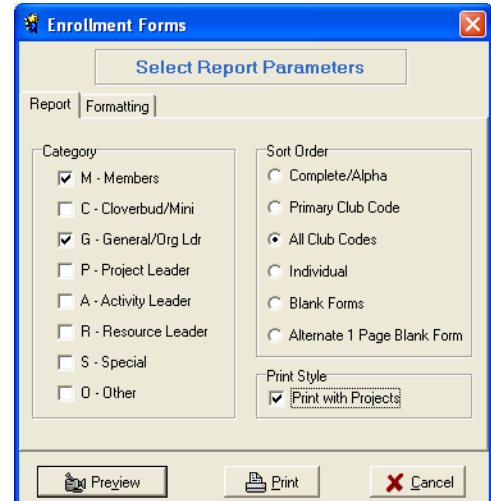


Re-Enrollment forms

These can be printed at any time, as long as it's BEFORE you do year-end processing. Year-end processing is done after statisticals are complete, and what it does is make everyone's record change to "Inactive". You are not able to print re-enrollment forms for members/leaders who are "Inactive".

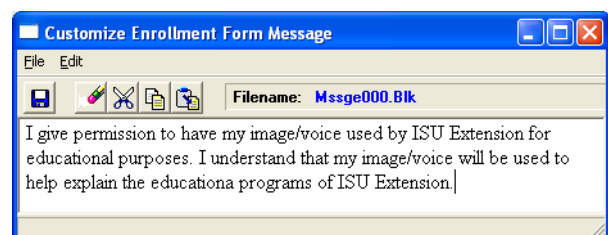
Go to the Special Menu, Enrollment forms.

On the parameters screen shown at right, you're probably going to want to select the same things that I did. This will print a re-enrollment form for each member AND gen/org leader, and if a member belongs to two clubs (like a regular club and Shooting Sports) they'll have a form for each club. The form will print showing the projects that the member was enrolled in this year.



Click on the Formatting tab at the top and you'll have the options shown at left. These are my suggestions, but you can choose others, particularly if you have a specific way of determining/ordering literature in your county that does not require the kid to check whether they need literature.

When you click on Print Message Line, you should also then click on Edit Message and make sure that it says exactly what you see at right. If this is a fairly new computer with Blue Ribbon, it's probably blank. When you have it typed in correctly, then click on the little disk icon to save that message.



When you click on the Print button, you'll be asked for a beginning club code and ending club code. You can print for only one club (enter the same club number in both boxes) or for all at one time—they should come out of the printer in club order, alpha within the club.

Blank Enrollment forms

The other thing that you have to do once you have the RE-enrollment forms done is print blank forms for new members to fill out. Be sure to use the Formatting tab to remove the SSN and to add the Message line to these as well.

There are two options—on the parameters screen, you either choose Blank Forms (it prints two pages, and you'd copy them on two sides)

Iowa County **4-H Enrollment Form** Page 1

Club: _____

FOR OFFICE USE ONLY
County Code: _____ Club Code: _____ Member Code: _____

Category (Circle One): 1) Member 2) Cloverbud/Mini 4-H 3) Organizational Leader 4) Activity Leader
5) Project Leader 6) Resource Leader 7) Special

Enrollment Type (Circle One): N-New Enrollment R-Res-Enrollment Drop From Club

Last Name: _____ First Name: _____ M.I. _____
Address: _____ City: _____ State _____ Zip _____
School: _____ Year in 4-H: _____
Youth Leader _____ Gender: _____ Birthday: ____/____/____ 4-H Age: _____ Grade: _____
Other 4-H Memberships: _____ Email: _____

Leader Type (circle one): 1) Direct Volunteer 2) Indirect Volunteer 3) Middle Manager
1) Hispanic 2) Not Hispanic

Race (circle one): 1) White 2) Black 3) Alaska/Am. Ind. 4) Asian 5) Hawaiian/Pac. Island
6) White and Black 7) White and Am. Ind. 8) Black and Am. Ind. 9) White and Asian 10) Not Listed

Residence (circle one): 1) Farm 2) Rural/10,000 3) Town/10-50,000 4) Suburb/50,000 5) City/50,000

| Project Name | Project Code | Heed Lit. | Year in Project |
|--------------|--------------|-----------|-----------------|
| _____ | _____ | Yes/No | _____ |
| _____ | _____ | Yes/No | _____ |
| _____ | _____ | Yes/No | _____ |
| _____ | _____ | Yes/No | _____ |
| _____ | _____ | Yes/No | _____ |
| _____ | _____ | Yes/No | _____ |

I give permission to have my image/voice used by ISU Extension for educational purposes. I understand that my image/voice will be used to help explain the educational programs of ISU Extension.

Do you require an accommodation for a disability to participate in this program? _____

Iowa County **4-H Enrollment Form** Page 2

Parent Information
Member Last Name: _____ Member First Name: _____ M.I. _____

FOR OFFICE USE ONLY
Parent Code 1: _____

Parent Last Name: _____ First Name: _____ M.I. _____
Address: _____ City: _____ State _____ Zip _____
Home Phone: () - _____ Work Phone: () - _____
Occupation (optional): _____

Parent Type (circle one): Primary Parent Additional Parent Other
Legal Guardian: Yes / No Send Mailing: Yes / No E-mail: _____

FOR OFFICE USE ONLY
Additional Contact Code 2: _____

Last Name: _____ First Name: _____ M.I. _____
Address: _____ City: _____ State _____ Zip _____
Home Phone: () - _____ Work Phone: () - _____
Occupation (optional): _____

Contact Type (circle one): Primary Contact Additional Contact Other
Legal Guardian: Yes / No Send Mailing: Yes / No E-mail: _____

FOR OFFICE USE ONLY
Additional Contact Code 3: _____

Last Name: _____ First Name: _____ M.I. _____
Address: _____ City: _____ State _____ Zip _____
Home Phone: () - _____ Work Phone: () - _____
Occupation (optional): _____

Contact Type (circle one): Primary Contact Additional Contact Other
Legal Guardian: Yes / No Send Mailing: Yes / No E-mail: _____

or Alternate One-Page Blank, which is one page (shown at right). With that one, you'd copy the project list

<https://www.extension.iastate.edu/4H/restrict/Documents/BackForm2007.pdf>

onto the back of the page. Print just one copy of the blank enrollment form from Blue Ribbon, then use your copier to make additional ones.

Iowa County **4-H Enrollment Form** Page 1

Club: _____

FOR OFFICE USE ONLY
County Code: _____ Club Code: _____ Member Code: _____

Category (Circle One): 1) Member 2) Cloverbud/Mini 4-H 3) Organizational Leader 4) Activity Leader
5) Project Leader 6) Resource Leader 7) Special

Enrollment Type (Circle One): N-New Enrollment R-Res-Enrollment Drop From Club

Last Name: _____ First Name: _____ M.I. _____
Address: _____ City: _____ State _____ Zip _____
School: _____ Year in 4-H: _____
Youth Leader _____ Gender: _____ Birthday: ____/____/____ 4-H Age: _____ Grade: _____
Other 4-H Memberships: _____

Ethnic (circle one): 1) Hispanic 2) Not Hispanic

Race (circle one): 1) White 2) Black 3) Alaska/Am. Ind. 4) Asian 5) Hawaiian/Pac. Island
6) White and Black 7) White and Am. Ind. 8) Black and Am. Ind. 9) White and Asian 10) Not Listed

Residence (circle one): 1) Farm 2) Rural/10,000 3) Town/10-50,000 4) Suburb/50,000 5) City/50,000

| Project Name | Project Code | Project Name | Project Code |
|--------------|--------------|--------------|--------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Do you require an accommodation for a disability to participate in this program? _____

Parent Last Name: _____ First Name: _____ M.I. _____
Address: _____ City: _____ State _____ Zip _____
Home Phone: () - _____ Work Phone: () - _____
Occupation (optional): _____

Parent Type (circle one): Primary Parent Additional Parent Other
Legal Guardian: Yes / No Send Mailing: Yes / No