

# Louisa County Enrollment Form

## Family Info:

Family Last Name: \_\_\_\_\_ Correspondence Preference:  Email  Postal  
Family email: \_\_\_\_\_ Family Phone: \_\_\_\_\_  
Mailing Address (street, city, state, zip): \_\_\_\_\_

## Member Info:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
email: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Male / Female      Cell phone: \_\_\_\_\_

## Parent/Guardian 1 Info:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Cell phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

## Parent/Guardian 2 Info:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Cell phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

## Emergency Contact Info:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

## Member Info:

<b>Ethnicity</b>	Are you of Hispanic ethnicity? <input type="checkbox"/> No <input type="checkbox"/> Yes	(please indicate both an ethnicity and race)
Race	<input type="checkbox"/> White	<input type="checkbox"/> Native Hawaiian or Pacific Islander
	<input type="checkbox"/> Black	<input type="checkbox"/> Asian
	<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Prefer Not to State
<b>Residence</b>	<input type="checkbox"/> Farm (rural area where agricultural products are sold)	<input type="checkbox"/> Suburb of city more than 50,000
	<input type="checkbox"/> Town under 10,000 and rural non-farm	<input type="checkbox"/> Central city more than 50,000
	<input type="checkbox"/> Town / City 10,000 - 50,000 and its suburbs	
<b>Military</b>	<input type="checkbox"/> No one in my family is serving in the military	<input type="checkbox"/> I have a parent serving in the military
	<input type="checkbox"/> Myself, and/or my spouse, is currently serving in the military	
Branch / Component	<input type="checkbox"/> Air Force <input type="checkbox"/> Army <input type="checkbox"/> Coast Guard <input type="checkbox"/> Marines <input type="checkbox"/> Navy / <input type="checkbox"/> Active Duty <input type="checkbox"/> National Guard <input type="checkbox"/> Reserves	
<b>Grade</b>	<b>School Name</b>	

## Circle your group:

Li'l Farmers & Charmers (Morning Sun), Barnyard Stompers (Wapello),

Columbus Clover Kids (CJ), Li'l Falcons Clover Kids (L-M)

## Behavior Expectations:

As a Clover Kids member: It is important to follow the directions of the Clover Kids leader(s) at all times.

As a Clover Kids member and guardian: I understand that as a participant and/or guardian I have the responsibility to help make all Clover Kids activities a safe experience for everyone through my behavior and conduct. I also understand the importance of following rules, directions, and policies and agree to follow them.

Member Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Remember to also complete the Medical Information / Release Form and return to Louisa County Extension 317 Van Buren St, Wapello, IA 52653**

2011-2012

If there is a second household in the family that wishes to receive CK correspondence attach the contact information.