



UNIVERSITY EXTENSION 4-H YOUTH PROGRAM
SCHOOL ENRICHMENT
REGISTRATION/ENROLLMENT INFORMATION



SCHOOL _____ GRADE _____

PHONE # _____ FAX: _____ E-MAIL _____

TEACHER _____ RACE _____ GENDER _____

CIRCLE ONE: IN CLASSROOM AFTER SCHOOL DAY CAMP

PROGRAM TITLE - LIMIT 2 PROJECTS PER CLASS DATE NEEDED

1. _____
2. _____

STUDENT INFORMATION: please fill in the number of students in each category

Male _____ Female _____ Number of Classes _____

WHERE DO THEY LIVE? Towns and cities 10,000 -50,000 _____ Suburbs _____

Central cities over 50,000 _____ Farms _____ Rural non-farm _____

PLEASE ESTIMATE THE ETHNIC AND RACIAL DISTRIBUTION OF THE PARTICIPANTS.

ETHNIC:	HISPANIC	NON-HISPANIC
	<input type="text"/>	<input type="text"/>

RACE:	HISPANIC	NON-HISPANIC
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The race categories
MUST add up to the
 totals reported above
 for ethnicity.

White (Cuban)		White	
Black (Caribbean)		Black	
American Native (Mexican)		American Native	
Mixed		Asian	
		Mixed	

TEACHER SIGNATURE:

_____ **DATE** _____

Please print and return by mail or fax.
 Collier County Extension
 14700 Immokalee Road Naples, FL 34120
 Fax: 239-353-7127