PWC 4-H Group Enrollment Form 2024
Name of 4-H Program: Embryology
Demographic information is used for federal reporting purposes. Direct questions to the 4-H Office: dstrand@pwcva.gov or call 703-792-4762 Please send completed forms to: Prince William 4-H, 8033 Ashton Ave, Suite 105, Manassas, VA 20109, or email dstrand@pwcva.gov. Is this Enrollment for: $\qquad$ One Classroom $\qquad$ One Grade Level (all students) $\qquad$ Entire School Name (contact person): $\qquad$ n Email: $\qquad$ Name \& Address of School: $\qquad$ Preferred method of contact: $\qquad$ phone $\qquad$ email Primary Telephone: $\qquad$ Number of YOUTH from military families: $\qquad$ Were there any YOUTH Volunteers? $\qquad$
** Please verify that each section TOTAL below is the same as the total number of participating youth!

| Gender Distribution | YOUTH <br> Participants | ADULT <br> Volunteers |
| :--- | :---: | :---: |
| Male: |  |  |
| Female: |  |  |
|  | ** Total | 0 |


| Please indicate the race and ethnicity of <br> YOUTH participants | Ethnicity |  |  |  |  |
| :--- | :--- | :--- | :---: | :---: | :---: |
| Racial Groups | Hispanic | Non-Hispanic |  |  |  |
| White Only: |  |  |  |  |  |
| Black or African American Only: |  |  |  |  |  |
| American Indian or Alaska Native Only: |  |  |  |  |  |
| Asian Only: |  |  |  |  |  |
| Native Hawaiian/Other Pacific Islander Only: |  |  |  |  |  |
| Balance (other combinations): |  |  |  |  |  |
| Sub-Total |  |  |  | 0 | 0 |
| 0 |  |  |  |  |  |


| YOUTH Participants <br> Grade Level | Number of <br> YOUTH |
| :---: | :---: |
| K |  |
| 1 |  |
| 2 |  |
| 3 |  |
| 4 |  |
| 5 |  |
| 6 |  |
| 7 |  |
| 8 |  |
| 10 |  |
| Post High School |  |
| Not in School |  |
| 11 |  |
| Special Education |  |
| ** Total |  |
| 12 |  |


| Please indicate the race and ethnicity of ADULT VOLUNTEERS | Ethnicity |  |
| :---: | :---: | :---: |
| Racial Groups | Hispanic | NonHispanic |
| White Only: |  |  |
| Black or African American Only: |  |  |
| American Indian or Alaska Native Only: |  |  |
| Asian Only: |  |  |
| Native Hawaiian/Other Pacific Islander Only: |  |  |
| Balance (other combinations): |  |  |
| Sub-Total | 0 | 0 |
| Total |  |  |


| Classification of ADULT VOLUNTEERS | Male | Female |
| :--- | :---: | :---: |
| Directly involved with program delivery: |  |  |
| Indirectly involved with program delivery: |  |  |
| Sub-Total | 0 | 0 |
| Total | 0 |  |


| Where do the YOUTH participants live? |  |
| :--- | :---: |
| Farm: |  |
| Rural (under 10,000): |  |
| Town (10,000-50,000): |  |
| Suburb of Cities (less than 50,000): |  |
| Central Cities (Greater than 50,000): |  |
| ** Total | 0 |

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