**Phone** 



**Family Name** 

## 4-H Family Enrollment Form

Form & Fees Due by 5:00pm on April 15.

This form can be mailed with a check or dropped off with cash or check to the Medina County Extension Office, 120 W. Washington Street, Suite 1L, Medina, OH 44256 by the family or club advisor.

Primary Club Name  Secondary Club Name  Designated Person(s) to Pick Up Book Order  Advisor				Club Year 20 (if applicable)		
Member Name	Age as of 1/1	Project Number(s) (up to 10)				

## 4HOnline Tips & Reminders!!

- Do not forget to complete your online enrollment at <u>https://oh.4honline.com</u> by <u>11:59 pm CST on April 15!</u>
- All <u>new families</u> must complete a paper enrollment form and return to the club advisor. Returning families with new members can do either paper or online enrollment.
- Check with your advisor to make sure your email is correct in 4HOnline. Do not use "autofill" features when logging in. Login must be entered manually to avoid receiving an error.
- Click 'edit' following each returning member to enroll.
- When signing authorizations in 4HOnline, you must sign using full names. Initials will not be accepted.
- Don't forget to delete projects from the previous year using the edit button to delete. Then, add projects for the current year.
- Enrollment Fees are \$15 per member with a family maximum of \$45. April 16-May 1, Enrollment Fees are \$15 for Cloverbuds, \$25 for members with a family maximum of \$75.

If additional sheets are needed, please staple together.

BOOK ORDER FORM IS ON REVERSE!
Use the box below to calculate total amount due.

FEES			
Books	Вох А		
Tax 6.75%			
Enrollment Fee	Вох В		
Total Fee			

Make check payable to OSU Extension

For Advisor & Office Use Only					
☐ Club Received(Initial)	☐ Office Received	(Initial)			
Date	Date				

\* Office Hours are Monday through Friday 8:00am – Noon and 1:00pm – 5:00pm \*



CFAES provides research and related educational programs to clientele on a nondiscriminatory basis. For more information, visit cfaesdiversity.osu.edu. For an accessible format of this publication, visit cfaes.osu.edu/accessibility.

Directions:		pelow to order pro ok and supplement				ember.	
	(Memb	nber Name) (Member Name)		er Name)	(Member Name)		
Project	Project Book # Supplemental Book #	Book Costs (mark an "x" If no book is needed)	Project Book # Supplemental Book #	Book Cost (mark an "x" If no book is needed)	Project Book # Supplemental Book #	Book Cost (mark an "x" If no book is needed)	
Example	117 117R	\$6 \$16	492 492R	\$6 \$6	715	X	
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Totals	# of Books	Book Costs	# of Books	Book Costs	# of Books	Book Costs	
	-		Т	otal of all Book			
					Tota	al	
Number o	f Cloverbuds E	nrolling		x	\$15 =	Box 1	
Number o	Number of Youth Members Enrolling before April 15x			x	\$15 =	Box 2	
Number o	f Youth Membe	rs Enrolling after			\$25 =	Box 3	
			Total	of all Enrollmen	t Fees	Box B	

Family Name \_\_\_\_\_ Primary Club Name \_\_\_\_\_