



4H EFNEP GROUP

Expanded Food and Nutrition Education Program
4H EFNEP Group Enrollment Form
Unshaded Areas Completed by Participant

1. Group ID: _____ 2. Unit/Group Name: _____
 3. Unit Delivery Mode: please circle one:
 E. Organized Club L. After School Program
 F. Special interest, short term program, or day camp M. Instructional TV/video/web programs
 I. Overnight Camp (resident, primitive, or travel)
 J. School Enrichment Program

4. Street Address: _____
 5. City: _____, FL 7. Zip Code: _____ 8. Phone: _____

9. Program Start Date: ____/____/____ 10. Program End Date: ____/____/____ 11. Number of Meetings: ____ 12. Number of Contact Hours: ____ 13. Number of Youth in other 4H Programs: ____	14. Group Leaders (includes PAs, Agents, Teachers, or Volunteers) a. _____ b. _____ c. _____ d. _____
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15. Total All Youth: _____ 16. Gender _____ Females _____ Males	17. Number by Residence _____ Farm _____ < 10,000 & Rural _____ 10,000 to 50,000 _____ Suburbs > 50,000 _____ Cities > 50,000 _____ Total by Residence
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18. Ethnicity _____ Hispanic _____ Not Hispanic _____ Not Given 19. Race _____ American Indian or Alaskan Native _____ Asian _____ Black or African American _____ Native Hawaiian or Other Pacific Islander _____ White _____ Mixed Race _____ Not Given	20. Age/Grade _____ P-2yr _____ 6th G _____ P-3yr _____ 7th G _____ P-4yr _____ 8th G _____ K _____ 9th G _____ 1st G _____ 10th G _____ 2nd G _____ 11th G _____ 3rd G _____ 12th G _____ 4th G _____ Special _____ 5th G
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