EFNEP

YOUTH ENROLLMENT CARD

Expanded Food and Nutrition Education Program

EFNEP
FCS649

Name _____ Date _____

Phone No. _____ Birthdate: Mo. _____ Day _____ Year _____ Sex _____

Name of Parent or Guardian _____

Address _____ Zip _____

Name of Club or Group _____

This will be my _____ year in a nutrition activity.

My home is: ( ) On a farm
( ) In the country, not on a farm
( ) In town

Enrolled by _____
(Name)

Race:

- ❑ White (only)
- ❑ Black or African American (only)
- ❑ American Indian or Alaska Native (only)
- ❑ Asian (only)
- ❑ Native Hawaiian or other Pacific Islander (only)
- ❑ Two or More/Some Other

U of A DIVISION OF AGRICULTURE
RESEARCH & EXTENSION
University of Arkansas System

Please check the topics or activities in which you would be interested:

_____ Choosing good snacks

_____ Selecting highly nutritious food

_____ Planning balanced meals

_____ Learning to cook

_____ Learning to bake

_____ Selecting food in the grocery store

_____ How to can foods

_____ Gardening

_____ Teaching a group lesson

_____ Teaching the group games and songs

University of Arkansas, United States Department of Agriculture, and County Governments Cooperating

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