

# 4-H Alberta Cleaver Kids Registration 2018-19



Please complete this form and return it to your club leader as soon as possible. Welcome to the Club!

Visit [www.4h.ab.ca](http://www.4h.ab.ca) for all the latest information so you can get the most out of your 4-H experience.

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## Cleaver Kids Details

### Personal Information

Cleaver Kids First Name \_\_\_\_\_ Last Name \_\_\_\_\_

DOB (mm/dd/yyyy) \_\_\_\_\_ Gender  Male  Female

Cleaver Kids must be between the ages of 6 and 8 as of January 1 of the club year.

### Mailing Address

Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Country \_\_\_\_\_

Residence:  Rural Farm (As defined by Canadian census)  Rural Non-Farm (Non-census rural dwelling)  Urban City (Pop greater than 1,000)

### Contact Information

Email (this can be the email address for the cleaver kid or the cleaver kid's parent/guardian) \_\_\_\_\_

4-H Alberta uses email to communicate important information to our clubs, cleaver kids, members, leaders, volunteers and parents. If you do not have a valid email address, please enter [4hfyi@gov.ab.ca](mailto:4hfyi@gov.ab.ca). We encourage all Cleaver Kids to provide an email address that is checked regularly.

Phone \_\_\_\_\_

Please make sure to include the area code with all phone and/or fax numbers.

Phone (secondary) \_\_\_\_\_

Phone (other) \_\_\_\_\_

Fax \_\_\_\_\_

### Guardian Information

Guardian Name \_\_\_\_\_

Guardian Phone \_\_\_\_\_

Email \_\_\_\_\_

## Protection of Personal Information

**Notice of Collection:** The personal information you provide on this form will be used for administration of the 4-H program in Alberta. It is collected under the authority of and is subject to the **Freedom of Information and Protection of Privacy Act**. If you have any questions about how your information will be used, please contact the provincial 4-H office at (780) 422-4444 (4H4H).

**Canada's Anti-Spam Legislation (CASL):** The 4-H Section, Agriculture and Forestry, Government of Alberta, 7000 113 ST NW, EDMONTON AB T6H 5T6, collects your email address to be used to send you regional and provincial newsletters via email, event notifications, promotional information, and other information about 4-H.

**Do you give permission to 4-H Alberta to email you club notifications, membership and leadership information, and information promoting 4-H programs and events?**

Yes       No      Parent/Guardian Initial \_\_\_\_\_

**Cleaver Kids is administered by the 4-H Council of Alberta. Do you give permission to the 4-H Council of Alberta to email you information for the purpose of administering or promoting Cleaver Kids?**

Yes       No      Parent/Guardian Initial \_\_\_\_\_

**Photos of 4-H Cleaver Kids or the material they write or construct may be used for articles, displays and 4-H program delivery or promotion. Do you give permission for these photos and/or materials to be used?**

- a) If your name is displayed on it?       Yes       No  
b) If your name is not displayed on it?       Yes       No

### 4-H Alberta Cleaver Kids focus on:

- Developing new friendships
- Belonging to the club and the community
- Listening skills and ability to express themselves

**All through hands on learning while exploring 4-H and setting goals, tracking their progress and celebrating successes.**

We have read and understand the minimum commitment required to be a Cleaver Kid of 4-H Alberta. Please note each clubs program may have additional commitments.

\_\_\_\_\_  
Cleaver Kids signature

\_\_\_\_\_  
Date signed

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date signed

**Fee Submitted to Club**       Yes       No      \$ \_\_\_\_\_ / Cleaver Kid

### Emergency Contact and Information (not for registration purposes)

In case of an injury or illness emergency, it is helpful for your child's Leader to have the following information. This information is provided by the parent/guardians on a voluntary basis and is strictly confidential. It will only be used in an emergency.

#### Emergency Contacts

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Please list any of your child's allergies, illness or disabilities.

\_\_\_\_\_  
\_\_\_\_\_

**Cleaver Kids Leaders and Volunteers** - For every 5 or less Cleaver Kids they require a registered screened leader. Cleaver Kids with in each club can also use volunteers to assist. Ask your Cleaver Kids Leader(s) how parent and or guardians can help.