



September 2024

UK Cooperative Extension Service
4-H Youth Development

4-H Clover Chatter

Gallatin County

Cooperative Extension Service
Gallatin County
395 US Highway 42 West
PO Box 805
Warsaw, KY 41095-0805
(859) 567-5481
Fax: (859) 567-5432
Gallatin.ca.uky.edu

New 4- H Year is Beginning Soon!

September is the time of year for new 4-H enrollment. That means anyone interested in being a member of 4-H (whether you are a new member or a current member), must complete a new registration form. The 4-H year runs from September 1st to August 31st each year. You can join clubs, participate in projects, compete in events, learn about new things, and practice old skills. 4-H has something for everyone!

Enrollment forms are attached to this newsletter and are also available at the Gallatin County Extension Office, the Family Resource Center, the Youth Service Center, and the Gallatin County Public Library.



Spread the word!



August 15-25, 2024

4-H Achievement Award Program

The goal of the Kentucky 4-H Achievement Program is to encourage positive youth development by awarding 4-H members for their accomplishments. The achievement forms are due by Monday, October 28th to the Gallatin County Extension Office. If you need an application or need help filling out the form, please let me know.



Lora Stewart

Lora Stewart
Co. Extension Agent for 4-H Youth Development

The Martin-Gatton College of Agriculture, Food and Environment is an Equal Opportunity Organization with respect to education and employment and authorization to provide research, education information and other services only to individuals and institutions that function without regard to economic or social status and will not discriminate on the basis of race, color, ethnic origin, national origin, creed, religion, political belief, sex, sexual orientation, gender identity, gender expression, pregnancy, marital status, genetic information, age, veteran status, physical or mental disability or reprisal or retaliation for prior civil rights activity.

Reasonable accommodation of disability may be available with prior notice. Program information may be made available in languages other than English.

Inquiries regarding compliance with Title VI and Title VII of the Civil Rights Act of 1964, Title IX of the Educational Amendments, Section 504 of the Rehabilitation Act and other related matter should be directed to

Equal Opportunity Office, Martin-Gatton College of Agriculture, Food and Environment,
University of Kentucky, Room S-105, Agriculture Science Building, North Lexington, Kentucky 40546,

the UK Office of Institutional Equity and Equal Opportunity, 13 Main Building, University of Kentucky, Lexington, KY 40506-0032 or

US Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410.

Cooperative Extension Service

Agriculture and Natural Resources
Family and Consumer Sciences
4-H Youth Development
Community and Economic Development

MARTIN-GATTON COLLEGE OF AGRICULTURE, FOOD AND ENVIRONMENT

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Gallatin County 4-H Small Animal Club

Tuesday, September 10, 2024

6:00 PM-7:00 PM

Gallatin County Extension Office

395 U.S. Hwy 42 West

Warsaw, KY 41095



Register to (859) 567-5481 by Friday, August 3rd

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Lexington, KY 40506



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Gallatin County 4-H Sewing Club



Cooperative
Extension Service

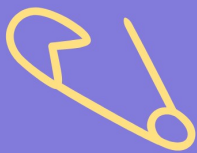
4-H Youth Development

Gallatin County
395 US Highway 42 West
PO Box 805

Warsaw, KY 41095-0805

(859) 567-5481

Gallatin.ca.uky.edu



Thursday, September 19, 2024

5:00 PM

Gallatin County Extension Office

395 U.S. Hwy 42 West

Warsaw, KY 41095

Register to (859) 567-5481

by Tuesday, September 17th



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Gallatin County
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Gallatin County 4-H Clovermall Club

Tuesday, September 24, 2024
4:00 PM

Gallatin County Extension Office
395 U.S. Hwy 42 West
Warsaw, KY 41095

CREATE A REAL BUSINESS AND MAKE REAL SALES!

Just a few topics and skills you will learn:

- Product Development
- Business Planning & Budgeting
- Finding Investors
- Production & Manufacturing
- Branding & Advertising

For more information, contact Lora Stewart,
Gallatin County 4-H Youth Development
Agent.

*Please register by
Friday, September 20th
by calling (859) 567-5481*



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Lexington, KY 40506



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All things Apple

UK Cooperative
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4-H Youth Development
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395 US Highway 42 West
PO Box 805
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(859) 567-5481
Gallatin.ca.uky.edu



Saturday, September 28, 2024

10am-2pm

Gallatin County Extension Office

395 U.S. Hwy 42 West
Warsaw, KY 41095



| Fried Apple Pies |
Apple Muffins | Apple Art |
Learn about Johnny Appleseed

Lunch is NOT provided

MUST provide your own lunch

MUST call to register by September 25th
(859) 567-5481

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Gallatin County 4-H Afterschool Clubs

Exploring 4-H

3rd & 4th

September 17, 2024

2:40pm-3:45pm

MUST register through the Family
Resource Center Newsletter

Permission Slip required

Cloverbuds

K-2nd

September 25, 2024

2:40pm-3:45pm

MUST register through the Family
Resource Center Newsletter

Permission Slip required

Discover 4-H

5th - 8th

September 18, 2024

2:40pm-4:00pm

MUST register through the Family
Resource Center or Youth Service
Center

Permission Slip required

SPACE IS LIMITED

Cooperative Extension Service

Agriculture and Natural Resources
Family and Consumer Sciences
4-H Youth Development
Community and Economic Development

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GALLATIN COUNTY



Cooperative Extension Service

4-H Youth Development
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(859) 567-5481
Gallatin.ca.uky.edu

4-H

LIVESTOCK CLUB



Thursday, October 17, 2024

6:00pm-7:00pm

Gallatin County Extension Office

395 U.S. Hwy 42 West

Warsaw, KY 41095

Register to (859) 567-5481 by October 15th

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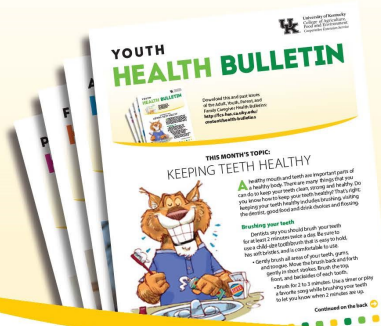
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YOUTH

HEALTH BULLETIN



AUGUST 2024

Download this and past issues of the Adult, Youth, Parent, and Family Caregiver Health Bulletins: <http://fcs-hes.ca.uky.edu/content/health-bulletins>

Gallatin County Extension Office
395 US Hwy 42 West
Warsaw, KY 41095
(859) 567-5481

THIS MONTH'S TOPIC KEEP MOVING!



When summer break ends and you go back to school, you probably spend more time sitting and less time moving. During the summer, you had more time to swim, play outside, and take trips to the park or gym.

But just because school is back does not mean you should stop moving! In fact, the more time you spend moving outside of school, the more you will be able to pay attention and do well when you are in class. You may have to try harder to be active, but it is worth it!

Here are some ideas for staying active once school starts:

- Start your day with slow stretches, or a quick warm-up.
- If you can, walk or ride your bike to school or the bus stop.
- If you get recess or a break during the day, use that time to move!

Continued on the next page





➔ **Continued from the previous page**

- Sign up for a sport or club after school that gets you moving. It can be fun to try something new. Or ask a friend to join you for an activity that you enjoy.
- Make a habit of taking a walk or bike ride with your family after dinner.
- Have a nightly dance party at home.
- Chores can keep you moving too! Volunteer to help rake leaves, vacuum, or walk the dog.

If you want to try something new, here are some sports and activities you can try:

- Pickleball
- Ice skating
- Archery
- Martial arts
- Ultimate Frisbee
- Rock climbing



- Yoga
- Gymnastics
- Golf

Keep your screen time in check, too. It can be easy to spend the whole evening after school in front of the TV, playing video games, or on a tablet or phone. Try to keep the time you spend on all devices to less than 2 hours each day. That includes time at school. Talk to your parent or caregiver about when you would like to watch your favorite show, play a game, or use an app. Then set a limit on how much time you spend. Also, decide how you will know when that time is up. Using screens right before bed can make it harder to fall asleep. So, leave screen time out of your bedtime routine. End your day with something that makes you feel calm and relaxed, like reading, listening to music, praying, or thinking about the best part of your day.

REFERENCE: <https://www.nhlbi.nih.gov/health/educational/wecan/downloads/tip-back-to-school.pdf>

ADULT HEALTH BULLETIN

Written by:
Katherine Jury, MS
Edited by: Alyssa Simms
Designed by: Rusty Manseau
Cartoon illustrations by:
Chris Ware (© University of Kentucky School of Human Environmental Sciences)





APPLE PIE SMOOTHIE

Servings:2 **Serving Size:**2 cups

Ingredients:

- 2 cored and sliced apples (or 1 cup unsweetened applesauce)
- 1 medium banana (fresh or frozen)
- 1/4 cup rolled oats
- 1 1/2 cups skim milk
- 1 teaspoon ground cinnamon
- 3-4 ice cubes
- 1 teaspoon honey (optional)

Directions:

1. Put everything in the blender and blend until smooth.
2. Enjoy!

**Find more Recipes at
planeatmove.com**



Source: University of Kentucky Cooperative Extension Service: Nutrition Education Program: Eat Smart to Play Hard.

Nutrition Facts Per Serving: 250 calories; 1.5g total fat; 0g saturated fat; 0g trans fat; 5mg cholesterol; 80mg sodium; 56g carbohydrate; 8g fiber; 36g total sugars; 0g added sugar; 9g protein; 10% daily value of Vitamin D; 20% Daily Value of calcium; 6% Daily Value of iron; 15% Daily Value of potassium.

4-H Participant Information/Enrollment Form

Should this information change during the program year, it is the responsibility of the parent/guardian(s) to notify the Extension Personnel in writing.

I. Re-Enrollment

If re-enrolling, please complete section I. Re-Enrollment, then review sections II through IX and verify review by signing and dating.

Name:		School Name:		County:	
Grade:					

II. Family Information

This is the primary information we will use to communicate with your 4-H member.

Family Name:		Family Email:	
Family Phone:		Family Address:	

III. Member Information

First Name:		Last Name:	
Preferred Name (optional):		Birthdate:	
Sex:	<input type="checkbox"/> M <input type="checkbox"/> F	Residence:	<input type="checkbox"/> Farm <input type="checkbox"/> Town <10,000 or Rural Non-Farm <input type="checkbox"/> Town/City/Suburb 10,000-50,000 <input type="checkbox"/> City/Suburb >50,000 <input type="checkbox"/> City-Central >50,000
Hispanic/Latino:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Race:	<input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Not Listed:

IV. Parent/Guardian 1 Information

Last Name:		First Name:	
Phone:		May we release personal information to this person?	<input type="checkbox"/> Yes <input type="checkbox"/> No

V. Parent/Guardian 2 Information

Last Name:		First Name:	
Phone:		May we release personal information to this person?	<input type="checkbox"/> Yes <input type="checkbox"/> No

VI. Other Emergency Contact

Name:		Relationship:	
Phone:		May we release personal information to this person?	<input type="checkbox"/> Yes <input type="checkbox"/> No

VII. Pick Up Information

In addition to the parent/guardian(s) and emergency contacts listed, please list the names of up to two additional people authorized to pick up the above referenced child. These individuals will not be contacted in case of an emergency, the parent/guardian(s) or emergency contact information will only be used. If an individual who is not listed on this form is permitted to pick up your child/children, the parent/guardian(s) will need to provide written permission (letter or email) to Extension personnel or approved volunteer responsible for the event/activity.

Name of First Person:		Relationship to 4-H Member:	
Phone:			
Name of Second Person:		Relationship to 4-H Member:	
Phone:			

VIII. Military Service (if none, skip this section)

Relationship to Member serving:		Branch of service	
Service Status:	<input type="checkbox"/> Active Duty <input type="checkbox"/> National Guard <input type="checkbox"/> Reserves <input type="checkbox"/> Other:		



IX. Health History

Does the participant have, or at any time has had, any of the following? Check "Yes" or "No" to each item. Please explain any "Yes" answers (noting the number of the item) in the space below or on an additional sheet if necessary. Reporting conditions allow Extension personnel and approved volunteers to best support your young person and will be kept confidential.

Allergies

1.Serious Allergy to Insects	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.Serious Allergy to Dairy	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.Serious Allergy to Gluten	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.Serious Allergy to Nuts	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.Other Allergy(Please explain)	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please explain any "yes" responses, including medications for any allergies:

The following over the counter medications may be administered to my child without contacting me:

Acetaminophen:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Antacid:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Antihistamine Pill:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Decongestant:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Dramamine:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hydrocortisone Cream:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ibuprofen (Advil)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Polysporin (topical antibiotic)	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Conditions

1.Asthma	<input type="checkbox"/> Yes <input type="checkbox"/> No	6.Fainting	<input type="checkbox"/> Yes <input type="checkbox"/> No	11.Wear Glasses/Contacts?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.Bronchitis	<input type="checkbox"/> Yes <input type="checkbox"/> No	7.Headaches	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please explain any "yes" responses, including medications taken for any conditions:	
3.Convulsions	<input type="checkbox"/> Yes <input type="checkbox"/> No	8.Heart Condition	<input type="checkbox"/> Yes <input type="checkbox"/> No		
4.Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No	9.Hypoglycemia	<input type="checkbox"/> Yes <input type="checkbox"/> No		
5.Ear Infection	<input type="checkbox"/> Yes <input type="checkbox"/> No	10.Other Conditions	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Please explain any restrictions (dietary, physical, etc)

Social, emotional, and/or behavioral health information:

X. REVIEW CONFIRMATION SIGNATURE

All information provided on this form is correct and complete to the best of my knowledge. This person has permission to engage in all events and activities. I hereby give permission to the event designee to provide routine health care, administer prescription and over the counter medications as noted and seek emergency medical treatment if warranted. I agree to the release of all records necessary for medical treatment, billing, or insurance. In the event I cannot be reached in an emergency, I give permission to the attending physician to secure and administer treatment, including hospitalization.

PARENT/GUARDIAN: _____ DATE: _____

XI. SURVEY & EVALUATION RELEASE

I hereby establish my willingness to participate as an adult (i.e., 4-H leader, other volunteer, parent/ guardian, site manager, etc.) and give permission for my child (under 18 years of age) to complete surveys and evaluations that will be used to determine program effectiveness or to promote the program. I understand that participation in surveys and evaluations is voluntary and that my child and I may choose not to participate and may withdraw from surveys and evaluations without impact on my or my child's eligibility to participate in the 4-H program. I understand that my child or I may be asked for consent before completing a survey or an evaluation.

Yes No I am willing to participate or give permission for my child to participate in any program evaluation. (Initials)

XII. PERMISSION TO PARTICIPATE

I acknowledge that my child is participating in 4-H programs for their own personal benefit and that my child will participate in recreational and other activities as part of 4-H programs. I understand that some activities may have inherent dangers and physical risks and that no amount of care, caution, instruction, or expertise can completely eliminate them. I assume responsibility for all risks, known and unknown, involving my child's participation in 4-H programs and I voluntarily authorize my child's participation in reliance upon my own judgment and knowledge of my child's experience and capabilities. I hereby agree to indemnify and hold harmless the University of Kentucky Cooperative Extension Service and all related parties from any liability, losses, costs, damages, claims or causes of action of any kind or nature arising from or related in any way to my child's participation in 4-H program. (Initials)

XII. PUBLICITY RELEASE

I hereby grant the 4-H program, University of Kentucky and their agents, the right to use, reproduce, assign, and/or distribute still pictures, video, and sound recordings of myself or my minor child without compensation for use in promotion, advertising, educational publications or online content

PARENT/GUARDIAN _____ NO, I DO NOT PERMIT