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# 4-H Newsletter

## February 2023

Cooperative Extension Service  
Pendleton County  
45 David Pribble Drive  
Falmouth, KY 41040  
(859) 654-3395  
Fax: (859) 654-3397  
pendleton.ca.uky.edu



## We Need You!



**JULIA McCLOUD**

Extension Agent for  
4-H Youth Development  
Education –  
Pendleton County

859.654.3395  
Julia.McCloud@uky.edu

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### Pendleton 4-H Facebook

Join our Facebook page for 4-H news!

Go to Facebook and search for:

**Pendleton County 4-H**

For news about your club, please see the information above to get in touch with your club leader. You can also sign up for updates or follow their Facebook pages.

The 4-H Council is an advisory group made of community leaders, program volunteers, and the 4-H Agent. The purpose is to bring attention to the needs of the youth in our community and develop programs accordingly to what our county needs. Volunteers will help by guiding and assisting agent with fundraising and programming efforts.

The 4-H Council is vitally important to the success of the Pendleton County 4-H Program!

4-H Council Meeting:

February 14th

7:00pm

Pendleton County Extension Office

If you are looking to get involved in 4-H as a volunteer/4-H Council Member please reach out to the 4-H Agent for more information on getting started.

**4-H PLEDGE**  
I pledge my **HEAD** to clearer thinking,  
my **HEART** to greater loyalty,  
my **HANDS** to larger service,  
and my **HEALTH** to better living,  
for my club, my community,  
my country, and my world.

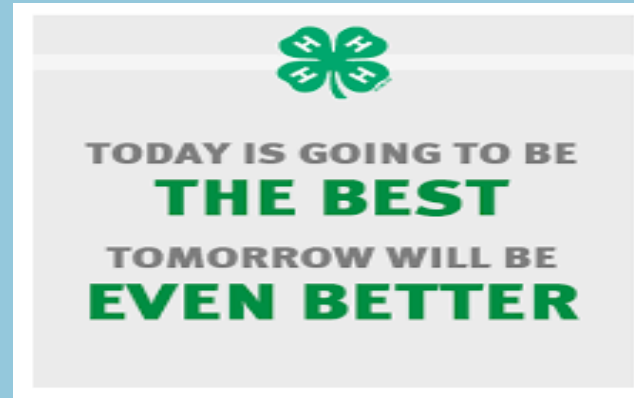


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# February 2023

Sun	Mon	Tue	Wed	Thu	Fri	Sat
			1	2	3	4
				Poultry Club 6pm		Art Club 10am
5	6	7	8	9	10	11
	Camp Applications Open			Rabbit Club 6pm		
12	13	14	15	16	17	18
		Cloverbuds 6-7pm 4-H Council 7pm	SET Club	Livestock Club 7pm	First Shooting sports meeting 6pm	
19	20	21	22	23	24	25
					Camp Applications Close	Photography Club 10am
26	27	28	1	2	3	4
				Poultry Club 6pm		Art Club 10am




**University of Kentucky**  
 College of Agriculture, Food and Environment  
 Cooperative Extension Service

PENDLETON COUNTY

## 4-H CLOVERBUDS

DATE: JANUARY 24TH  
 TIME: 6-7PM  
 LOCATION: PENDLETON COUNTY EXTENSION OFFICE

**Craft**  
homemade bird feeder  
Weave a 4-H flag

**Snack**  
Make your own Pizza!

**YOU MUST REGISTER YOUR CHILD FOR EACH MEETING**  
**DEADLINE TO REGISTER JANUARY 20TH**  
**CALL: (859) 654-3395**

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## Upcoming Events





**Cloverbud Camp**  
**SUMMER CAMP**  
**2023**  
**TIME WARP**  
**JUNE 2-4TH, 2023**

**COST: \$140**

Spots are limited please email:  
[Julia.McCloud@uky.edu](mailto:Julia.McCloud@uky.edu)  
 Location: North Central 4-H Camp Carlisle, KY

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## 2022-2023 Pendleton County 4-H ENROLLMENT FORM

**This Enrollment Form must be completed before May 31, 2023, to enter projects & record books in the Pendleton County Youth Fair in July.**

**Without the completion of this form, no projects will be accepted in the 4-H classes at the fair.**



Julia McCloud  
Pendleton County Extension Agent  
for 4-H /Youth Development

### 4-H CLUB INTEREST

Placing a check by a club only indicates your *interest* in the club. **To become a member of a club, you must attend a club meeting.** Contact the Extension Office at 859-654-3395 for more information.

Please check the clubs you are interested in joining. The 4-H newsletter will include dates of club meetings and activities. Once you have completed this enrollment form you may begin attending meetings. (Clover Buds are for members ages 5 to 8.)

- |   |   |
|---|---|
| <input type="checkbox"/> Art Club               | <input type="checkbox"/> Photography Club |
| <input type="checkbox"/> Clover Buds            | <input type="checkbox"/> Project Days     |
| <input type="checkbox"/> Cooking Club           | <input type="checkbox"/> Poultry Club     |
| <input type="checkbox"/> Country Ham            | <input type="checkbox"/> Sewing           |
| <input type="checkbox"/> Fitness Club           | <input type="checkbox"/> Shooting Sports  |
| <input type="checkbox"/> Garden Club            | <input type="checkbox"/> Archery          |
| <input type="checkbox"/> SET Club               | <input type="checkbox"/> Shotgun          |
| <input type="checkbox"/> Livestock Judging      | <input type="checkbox"/> Rifle            |
| <input type="checkbox"/> Middle School Club     | <input type="checkbox"/> Pistol           |
| <input type="checkbox"/> Outdoor Adventure Club |   |
| <input type="checkbox"/> Forestry Club          | <input type="checkbox"/> Rabbit Club      |

- |   |   |
|---|---|
| <input type="checkbox"/> Livestock -- or -- | <input type="checkbox"/> Novice Livestock |
| <input type="checkbox"/> Goat Club          | <input type="checkbox"/> Goat Club        |
| <input type="checkbox"/> Lamb Club          | <input type="checkbox"/> Lamb Club        |
| <input type="checkbox"/> Steer Club         | <input type="checkbox"/> Steer Club       |
| <input type="checkbox"/> Swine Club         | <input type="checkbox"/> Swine Club       |

How would you prefer to receive your newsletter?  Mail  Email

Cooperative Extension Service | Agriculture and Natural Resources | Family and Consumer Sciences | 4-H Youth Development | Community and Economic Development

## 4-H Youth Development CODE OF CONDUCT FORM

All 4-H members and family/friends associated with 4-H members must respect the individual rights, safety and property of others and adhere to this Code of Conduct. A 4-H member may be prohibited from participating in a specific event/program if the participation by the individual poses a danger to the 4-H member and/or others. The following guidelines are designed to make all 4-H events safe, meaningful, and satisfying to youth and others attending.

### WHILE ATTENDING ALL 4-H MEETINGS, PROJECTS, PROGRAMS, ACTIVITIES, & EVENTS:

- Each 4-H participant is expected to attend all planned sessions, workshops, field trips, and meetings of the event, and to be in appropriate dress. Dress codes will be specific to individual events. Delegation chaperones and/or volunteers are responsible for ensuring that members participate in all aspects of the planned program activities.
- The possession and use of alcoholic beverages, tobacco products, and/or drugs (except for medications prescribed to the participant by a licensed physician) are strictly prohibited. Delegation chaperones and/or volunteers shall limit use of tobacco products to designated areas.
- Setting off fire alarms, tampering with fire extinguishing and other emergency equipment are strictly prohibited.
- Gambling of any type is strictly prohibited.
- Obscene, discriminatory and/or inappropriate language, roughhousing, and insubordination are prohibited at all times.
- Respect toward others and facilities shall be demonstrated. Bullying, harassment of others or destruction of property shall not be tolerated. Bullying and harassment can include the use of social media.
- Display of overly affectionate or inappropriate attention between participants is strictly prohibited.
- Technological equipment (including but not limited to cell phones, laptops or mp3 players) shall not interfere with the program and may not be allowed in certain situations.
- Each county may adopt additional Code of Conduct guidelines.

### WHILE ATTENDING OVERNIGHT CONFERENCES, CAMPS, & EVENTS, THE FOLLOWING WILL ALSO APPLY:

- All participants are to be in their assigned area at curfew and comply with quiet hours, lights out, and other rules of the event.
- No member or volunteer may leave the grounds without the permission of the conference director or adult in charge. An adult shall accompany a 4-H member any time he/she leave the grounds. Adults shall notify another adult in the delegation before leaving the grounds.
- At overnight events, only Conference participants may be in sleeping areas. Lounges or common areas may be used only for working committees and social activities.
- Room service such as phone calls, food, laundry, or others shall not be permitted without chaperone permission.

Any violations of this Code of Conduct shall be reported promptly to the adult in charge of the delegation/program and to the person in charge of the event. The person in charge of the event shall have the final responsibility for disciplinary action. Failure to comply with the Code of Conduct by 4-H'ers and family/friends associated with the 4-H participant may result in penalty, including, but not limited to, the following:

- Sent home from the activity or event at his or her own expense
- Barred from participation from future 4-H events
- Assessed the cost of damages for destruction of property
- Released to nearest law enforcement authority
- Termination of 4-H membership

I, (Print Name) \_\_\_\_\_ have read the Code of Conduct and agree to abide by its rules. I understand that infraction of this Code of Conduct will result in any or all of the penalties listed above.

Child Signature: \_\_\_\_\_

★ Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_ County: Pendleton

# Upcoming Events



## 4-H CAMP TIME WARP 2023

**CAMP DATES: JUNE 12TH - 16TH, 2023**

**MAXIMUM PRICE: \$275**

### Camp Application

- Applications Available to Pick up: **February 6th**
- Final Deadline with completed packet & \$50 deposit: **February 24th**
- Time: 8:00am-4:30pm each day

Make checks Payable to: PC 4-H Council

If you have any questions, please call (859)654-3395

Location: North Central 4-H Camp Carlisle, KY

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LE18N0702A, KY 40346

Disabilities  
accommodated  
with prior notification.

<https://pendleton.ca.uky.edu/>

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Food and Environment  
Cooperative Extension Service



## Saturday, March 11th

### Pendleton County 4-H COMMUNICATIONS DAY CONTEST

**When:**  
Saturday, March 11th

**Time: 10:00am - 12:00pm**  
Order of events will be determined based on number of youth registered

**Categories:**  
Speech  
Demonstration

**Where:**  
Pendleton County  
Extension Office

**Registration:**  
The registration form will be shared in a later Newsletter.

**ALL GUIDELINES AND CATEGORIES CAN BE FOUND ON THE PCEO WEBSITE. IF YOU HAVE QUESTIONS PLEASE CONTACT JULIA MCCLOUD**

<https://pendleton.ca.uky.edu/>

[Julia.McCloud@uky.edu](mailto:Julia.McCloud@uky.edu)

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# Twice-Baked Acorn Squash

- **2 medium** acorn squash (1 - 1 1/2 pounds)
- Nonstick cooking spray
- **2 cups** fresh spinach, chopped
- **4 strips** turkey bacon, cooked and crumbled
- **1/2 cup** grated parmesan cheese
- **1** thinly sliced green onion
- **1 tablespoon** olive oil
- **2 teaspoons** garlic powder
- **1/2 teaspoon** salt
- **1/4 teaspoon** black pepper
- **1/4 teaspoon** nutmeg

Wash hands with warm water and soap, scrubbing for at least 20 seconds. Preheat oven to 350 degrees F. Cut squash in half; discard seeds. Place squash flesh side down on a baking sheet coated with nonstick cooking spray. Bake for 50 to 55 minutes or until tender. Carefully scoop out squash, leaving a 1/4-inch-thick shell. In a large bowl, combine the squash pulp with the remaining ingredients. Spoon into shells. Bake at 350 degrees F for 25 to 30 minutes or until heated through and top is golden brown. Store leftovers in the refrigerator within two hours.

Yield: 4 servings.  
Serving size: 1/2 of an acorn squash.

**Nutrition Analysis:** 210 calories, 9g total fat, 3g saturated fat, 25mg cholesterol, 710mg sodium, 27g total carbohydrate, 4g fiber, 1g total sugars, 0g added sugars, 9g protein, 0% DV vitamin D, 15% DV calcium, 15% DV iron, 20% DV potassium.



# Kentucky Winter Squash

**SEASON:** August through October

**NUTRITION FACTS:** Winter squash, which includes acorn squash, butternut squash, pumpkin, and other varieties, is high in vitamins A and C and is a good source of potassium and vitamins B6, K, and folate.

**SELECTION:** Winter squash should be heavy for its size with a hard, tough rind that is free of blemishes or soft spots.

**STORAGE:** Store it in a cool, dry place, and use it within 1 month. Once sliced, wrap dry pieces in plastic wrap and refrigerate for up to 5 days.

**PREPARATION:**

**To steam:** Wash, peel, and remove seeds. Cut squash into 2-inch cubes or quarter, leaving rind on (it will remove easily after cooking). Bring 1 inch of water to a boil in a saucepan and place squash on a rack or basket in the

pan. Do not immerse it in water. Cover the pan tightly and steam the squash 30 to 40 minutes or until tender.

**To microwave:**

Wash squash and cut it lengthwise. Place it in a baking dish and cover the dish with plastic wrap. Microwave until tender, using these guidelines:

- **Acorn squash:**  
1/2 squash, 5 to 8 minutes;  
1 squash, 8 1/2 to 11 1/2 minutes.
- **Butternut squash:**  
2 pieces, 3 to 4 1/2 minutes.
- **Hubbard squash:** (1/2-pound pieces) 2 pieces, 4 to 6 1/2 minutes.

**To bake:**

Wash squash and cut lengthwise. Smaller squash can be cut in half; larger squash should be cut into portions. Remove seeds and place squash in a baking dish. Bake at 400 degrees F for 1 hour or until tender.

## Kentucky Proud Project

County Extension Agents for Family and Consumer Sciences University of Kentucky, Dietetics and Human Nutrition students

Source: FruitsAndVeggies.org

August 2022

Buying Kentucky Proud is easy. Look for the label at your grocery store, farmers' market, or roadside stand. [PlateItUp.ca.uky.edu](http://PlateItUp.ca.uky.edu)



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# September 2022-August 2023 4-H Enrollment Form

Note: Enrollment begins in September, similar to a school year. Previous years' forms will not be accepted for the 2022-2023 year. The form must be completed by the participant and/or parent or guardian in order to participate in the 4-H program. **All items must be completed, even if the response is not applicable - indicate by using N/A (i.e., no health insurance).** Failure to complete this form in its entirety will result in the person being ineligible to participate in 4-H activities. Please print in blue or black ink.



Child's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Age as of Jan. 1, 2023: \_\_\_\_\_

Street Address: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender:  M  F

City: \_\_\_\_\_ State: KY Zip: \_\_\_\_\_ Select all that apply:  Youth  Adult  Volunteer

★ Parent's Email: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Parent Name or Emergency Contact #1 \_\_\_\_\_ Relationship to child \_\_\_\_\_ Phone Number (REQUIRED) \_\_\_\_\_

Parent Name or Emergency Contact #2 \_\_\_\_\_ Relationship to child \_\_\_\_\_ Phone Number (REQUIRED) \_\_\_\_\_

Are you Hispanic or Latino?  Yes  No Please check all that apply:  Asian  White  Black  American Indian  Hawaiian/Pacific Islander Please check one: Do you live on a farm?  Yes  No

Military Family:  No  Yes, Branch: \_\_\_\_\_ Select:  Active  National Guard  Reserves Person serving:  Parent  Sibling

Grade: \_\_\_\_\_ Name of School/Homeschool: \_\_\_\_\_

**HEALTH INFORMATION:**

I want the Extension Office to be aware of the following disability or impairment: \_\_\_\_\_

Name of Family Doctor: \_\_\_\_\_ Doctor's Phone: \_\_\_\_\_

Name of Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Name of Policy Holder/Relationship to participant: \_\_\_\_\_ Member ID: \_\_\_\_\_

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 will not prevent a person from attending and will be kept confidential.

	Yes	No
1. Asthma	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	<input type="checkbox"/>	<input type="checkbox"/>
3. <input type="checkbox"/> Bronchitis	<input type="checkbox"/>	<input type="checkbox"/>
4. _____	<input type="checkbox"/>	<input type="checkbox"/>
5. <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Convulsions	<input type="checkbox"/>	<input type="checkbox"/>
7. Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
8. Ear Infection	<input type="checkbox"/>	<input type="checkbox"/>
9. Hypoglycemia	<input type="checkbox"/>	<input type="checkbox"/>
10. Serious Allergy to Insects	<input type="checkbox"/>	<input type="checkbox"/>
11. Wear Glasses/Contacts	<input type="checkbox"/>	<input type="checkbox"/>
12. Other Conditions	<input type="checkbox"/>	<input type="checkbox"/>
13. Drug Allergy (please explain)	<input type="checkbox"/>	<input type="checkbox"/>
14. Food Allergy (please explain)	<input type="checkbox"/>	<input type="checkbox"/>
15. Other Allergy (please explain)	<input type="checkbox"/>	<input type="checkbox"/>

Please Explain Any "Yes" Responses:

List and explain any restrictions (dietary, physical, etc.):

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

- Antihistamine Pill
- Acetaminophen (Tylenol)
- Antacid
- Decongestant
- Ibuprofen (Advil)
- Dramamine
- Hydrocortisone Cream
- Polysporin (topical antibiotic)

**MEDICAL TREATMENT PERMISSION:**

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.

★ SIGNATURE OF PARENT/PARTICIPANT: \_\_\_\_\_ DATE: \_\_\_\_\_

**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.

★ SIGNATURE OF PARENT: \_\_\_\_\_ -or-  NO, I do not permit.

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