



# THE ESTILL COUNTY CLOVER PRESS

## Extra! Extra! READ ALL ABOUT IT!

The 4-H program has started up again for the 2024-2025 school year, and we have so many exciting opportunities for youth age 5 up to 18 years!

Look for details in this newsletter about:

- **Cloverbud Club**
- **Junior 4-H Club**
- **Media Club**
- **Photography Club**
- **Cooking Clubs**
- **Plant Club**
- **Teen Club (and Luau!!)**

And also, be sure to check out the calendars in our newsletters to keep current on events, clubs, meetings, and more!!

Don't forget we're always on the lookout for volunteers

that want to help our programs in any way. From club leaders, to helpers, to class instruction, to supporting 4-H Council fundraising efforts... the programs we offer our Estill County youth runs on the good people in our area and their support. If you're interested in helping with your time, in whatever amount you may have, contact the Estill County Extension Office at 606-723-4557. We'd love to work with you!!

Stay tuned for more and more opportunities for our community coming out of our University of Kentucky Extension programs.

**Cooperative Extension Service**  
Estill County  
76 Golden Court  
Irvine, KY 40336-6917  
Phone: (606)723-4557  
www.estill.ca.uky.edu

SEPTEMBER 2024

WHAT'S  
NEW!

- 4-H Open House
- Junior Cooking
- Teen Luau
- Junior 4-H Club
- 4-H Plant Club
- Cloverbud Club
- Teen Cooking
- Media Club
- Photography Club
- 24-25 Enrollment Form
- September calendar

*Erin Leach*

Erin Leach  
County Extension Agent  
for 4-H Youth Development

LaDonna Dawes  
4-H Program Assistant

### 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

Educational programs of Kentucky Cooperative Extension serve all people regardless of 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. University of Kentucky, Kentucky State University, U.S. Department of Agriculture, and Kentucky Counties, Cooperating.

Lexington, KY 40506



Disabilities  
accommodated  
with prior notification.



**ESTILL COUNTY 4-H**

**UK** Martin-Gatton  
College of Agriculture,  
Food and Environment  
University of Kentucky.

# OPEN HOUSE

**Stop by the Estill County Extension Office**  
**76 Golden Court, Irvine**  
**Monday, September 16th**  
**Anytime between 4:00 - 7:00 p.m.**

**MEET THE AGENT AND PROGRAM ASSISTANT**

**Learn about Clubs for this program year**

**MEET SOME OF OUR VOLUNTEERS**

**Learn how you can become a Volunteer**

**LIGHT REFRESHMENTS AND ACTIVITY**



*Erin Leach*

**Erin Leach**  
County Extension Agent  
for 4-H Youth Development



18 USC 707

**LaDonna Dawes**  
4-H Program Assistant

**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**

Educational programs of Kentucky Cooperative Extension serve all people regardless of 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. University of Kentucky, Kentucky State University, U.S. Department of Agriculture, and Kentucky Counties, Cooperating.

Lexington, KY 40506



Disabilities  
accommodated  
with prior notification.

# ESTILL COUNTY 4-H



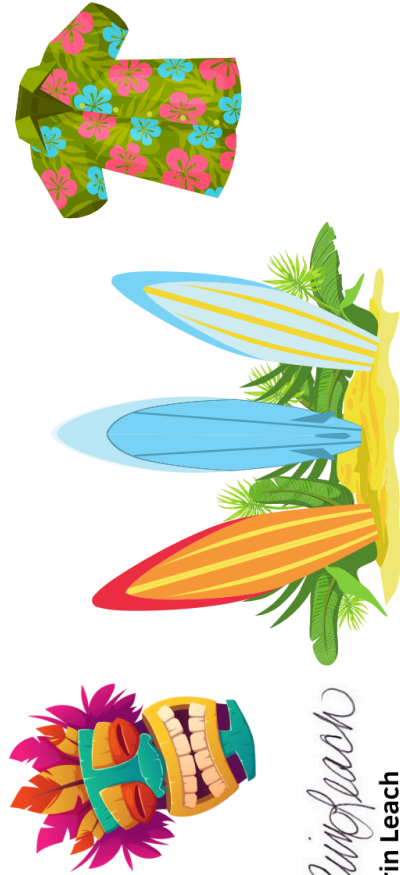
# TEEN LUAU

The Teen Luau is for Estill Middle and High School age youth. This will be the Teen Club year kick-off party! Stop in, meet new friends, and have a great time with the 4-H Teen Club!

## Friday, Sept. 13th from 6:00 - 8:00 p.m.

Estill County Extension Office, 76 Golden Court, Irvine

### Call 606-723-4557 to sign up!



*Erin Leach*

Erin Leach  
County Extension Agent  
for 4-H Youth Development

LaDonna Dawes  
4-H Program Assistant

#### Cooperative Extension Service

Agriculture and Natural Resources  
4-H Youth Development  
Community and Economic Development

#### MARTIN-GATTON COLLEGE OF AGRICULTURE, FOOD AND ENVIRONMENT

Identical programs of Kentucky Cooperative Extension serve all people regardless of race or sex 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 retaliation for prior civil rights activity. Reasonable accommodation of disability University of Kentucky, Kentucky State University, U.S. Department of Agriculture, and Kentucky Counties, Cooperating Lexington, KY 40506



accommodated with prior notification.



## ESTILL COUNTY 4-H JUNIOR COOKING CLUB

This is for Estill 4-H youth ages 9 through 5th grade. (Youth must have reached their 9th birthday BEFORE Jan. 1, 2025)

Meetings will be held the 3rd Wednesday of the month starting October 16th.

Meetings will be held at the Estill County Extension Office, 76 Golden Court, Irvine

FIRST MEETING - WED, OCT. 16TH AT 4P.M.

### Sign up start date: September 23rd Call 606-723-4557 to sign up!

### LIMITED SPOTS AVAILABLE!



Enrollment form must be completed by October 4th via in-person or email.

*Erin Leach*

Erin Leach  
County Extension Agent  
for 4-H Youth Development

LaDonna Dawes  
4-H Program Assistant

#### Cooperative Extension Service

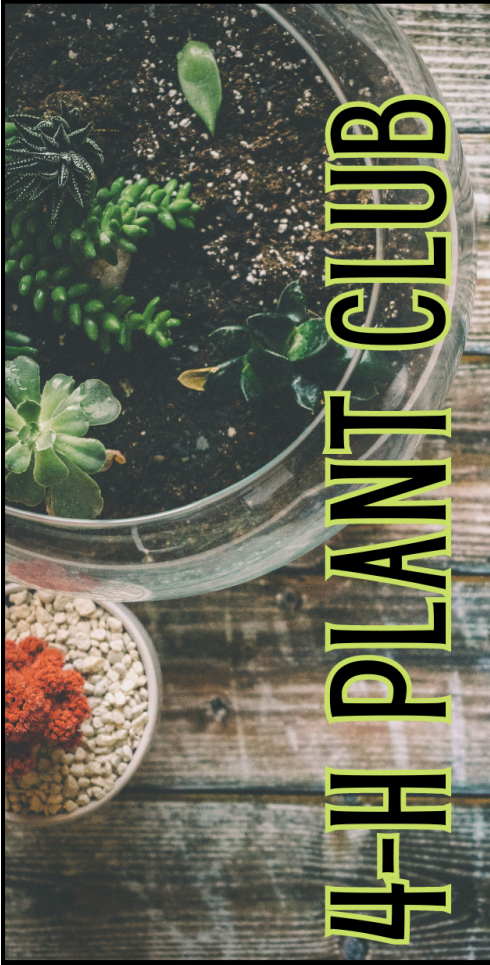
Agriculture and Natural Resources  
4-H Youth Development  
Community and Economic Development

#### MARTIN-GATTON COLLEGE OF AGRICULTURE, FOOD AND ENVIRONMENT

Identical programs of Kentucky Cooperative Extension serve all people regardless of race or sex 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 retaliation for prior civil rights activity. Reasonable accommodation of disability University of Kentucky, Kentucky State University, U.S. Department of Agriculture, and Kentucky Counties, Cooperating Lexington, KY 40506



accommodated with prior notification.



# 4-H PLANT CLUB

FOR ESTILL COUNTY YOUTH AGE 9-18

**Monday, October 28th at 4:30 p.m.**

Estill County Extension Office  
76 Golden Court, Irvine, KY 40336

4-H Plant Club participants will focus on learning how to create and maintain some of the following:

- Terrariums
- Window Boxes
- Dish Gardens
- House Plants



**Must call 606-723-4557 to sign up youth.**

*Club will meet the 4th Monday of each month (except December).*

*Erin Leach*

Erin Leach  
County Extension Agent  
for 4-H Youth Development

LaDonna Dawes  
4-H Program Assistant

**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

Educational programs of Kentucky Cooperative Extension serve all people regardless of economic or social status. We are committed to providing equal access to our programs and services. Reasonable accommodations of disability may be made with your notice. Program information may be made available in languages other than English. Contact your local Extension office for more information. U.S. Department of Agriculture and Kentucky Cooperative Extension Service, Lexington, KY 40596



Disabilities  
accommodated  
with prior notification.



# JUNIOR 4-H CLUB

**Youth 9 years of age through 5th grade**

(Youth must have reached their 9th birthday BEFORE Jan. 1, 2025)



**Beyond Ready**

more likely to make a positive contribution to their communities

**4X**

**2X**

more likely to report feeling competent

**2X**

more likely to make healthier choices

We equip youth with skills for the future while meeting them where they are today. Through 4-H, we offer opportunities and experiences that shape youth into their full, authentic selves, enabling them to shine both now and in the future.

**3 DIFFERENT CLUBS, MEETING 3 DIFFERENT PLACES:**

- Estill Springs Elementary
- West Irvine Elementary
- Estill County Extension Office

**CALL 606-723-4557 TO SIGN UP!**

Sign-ups will be through the Estill County Extension Office. Parent or legal guardian must sign their youth up. Must talk to an employee at 606-723-4557 between the hours of 8:00 a.m. - 4:30 p.m.

NO sign ups will be accepted through messenger or answering machine. Enrollment form will be sent & must be completed by September 5th.

*Erin Leach*

Erin Leach  
County Extension Agent  
for 4-H Youth Development

Find us on  **Estill County 4-H**

LaDonna Dawes  
4-H Program Assistant

Meeting times and dates are specific to the Junior 4-H Club Group. One group will be Estill Springs youth, one is West Irvine youth, and one will be an evening group for any other junior age youth. Meetings will be both fun & educational!!!

**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

Educational programs of Kentucky Cooperative Extension serve all people regardless of economic or social status. We are committed to providing equal access to our programs and services. Reasonable accommodations of disability may be made with your notice. Program information may be made available in languages other than English. Contact your local Extension office for more information. U.S. Department of Agriculture and Kentucky Cooperative Extension Service, Lexington, KY 40596



Disabilities  
accommodated  
with prior notification.

# Estill County 4-H CLOVERBUDS

## ESTILL COUNTY YOUTH AGES 5-8

(Youth ages 5-8, but not 9 before January 1, 2025)

**WE STILL HAVE A FEW SPOTS AVAILABLE!  
CALL 606-723-4557 TO SIGN UP**

### Homeschool Cloverbud Club

Homeschool meetings will be held on the second Tuesday of each month at 1 p.m. at the Estill County Extension Office.

### West Irvine Cloverbud Club

West Irvine Cloverbud Club will meet after school on the second Tuesday of each month, 3:30-4:30 p.m.

### Estill Springs Cloverbud Club

Estill Springs Cloverbud Club will meet after school on the second Thursday of each month, 3:30-4:30 p.m.

## ESTILL COUNTY 4-H

# TEEN COOKING CLUB

This is for Estill 4-H youth ages 6th through 12th grade.

**First meeting will be  
Thursday, October 3rd**

Meetings will start at 4p.m. and be held at the Estill County Extension Office  
76 Golden Court, Irvine

### MEETING

### DATES:

October 3rd  
November 7th  
Dec./Jan. - KIT  
February 6th  
March 6th  
April 3rd  
May 1st

**Call 606-723-4557 to sign up!**

**LIMITED SPOTS AVAILABLE!**

**Enrollment form must be completed by  
September 26th via in-person or email.**

*Erin Leach*

Erin Leach  
County Extension Agent  
for 4-H Youth Development

Labonna Dawes  
4-H Program Assistant

### Cooperative Extension Service

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

### MARTIN-GATTON COLLEGE OF AGRICULTURE, FOOD AND ENVIRONMENT

Individuals having a disability are encouraged to apply for positions. We 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 accommodations of disability are available. Contact the University of Kentucky, Kentucky State University, U.S. Department of Agriculture, and Kentucky Cooperative, Lexington, KY 40506



Disabilities  
accommodated  
with prior notification

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



Martin-Gatton  
College of Agriculture,  
Food and Environment  
University of Kentucky

# ESTILL COUNTY 4-H

**Martin-Gatton**  
College of Agriculture,  
Food and Environment  
University of Kentucky



# MEDIA CLUB

This is for Estill 4-H youth 6th through 12th grades

Are you interested in media, journalism, photography, videography, vlogs? Then the Estill County 4-H Media Club is for you! This club is designed to help local youth explore and grow in their love and knowledge of media. From learning how to create a 4-H News Podcast, writing copy, to working on a 4-H Newsletter, participants will get some hands on experience.

Join us for our next meeting on

**MONDAY, SEPTEMBER 9TH**

**STARTING AT 5:30 P.M.**

Estill County Extension Office, 76 Golden Court, Irvine

**Call 606-723-4557 to sign up!**

*Erin Leach*

Erin Leach  
County Extension Agent  
for 4-H Youth Development

LaDonna Dawes  
4-H Program Assistant

### 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

Educational programs of Kentucky Cooperative Extension serve all people regardless of economic or social status and will not discriminate on the basis of race, color, ethnic origin, national origin, creed, religion, political belief, sex, age, marital status, or physical or mental disability or handicap. Reasonable accommodations of disability may be available with prior notice. Program information may be made available in languages other than English. University of Kentucky, Kentucky State University, U.S. Department of Agriculture, and Kentucky Counties, Cooperating. Lexington, KY 40506



**Martin-Gatton**  
College of Agriculture,  
Food and Environment  
University of Kentucky

# ESTILL COUNTY 4-H PHOTOGRAPHY CLUB

This is for Estill 4-H youth ages 9-18 years old.  
(Youth must have reached their 9th birthday BEFORE Jan. 1, 2025)

Are you interested in learning about photography? Photography Club will help you learn more skills, tips, and tricks on taking a State Fair worthy photography entry!

**Wednesday, October 2nd at 4p.m.**

Meetings will start at 4p.m. and be held at the Estill County Extension Office, 76 Golden Court, Irvine

**Call 606-723-4557 to sign up!**

Enrollment form must be completed by September 26th via in-person or email.

*Erin Leach*

Erin Leach  
County Extension Agent  
for 4-H Youth Development

LaDonna Dawes  
4-H Program Assistant

### 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

Educational programs of Kentucky Cooperative Extension serve all people regardless of economic or social status and will not discriminate on the basis of race, color, ethnic origin, national origin, creed, religion, political belief, sex, age, marital status, or physical or mental disability or handicap. Reasonable accommodations of disability may be available with prior notice. Program information may be made available in languages other than English. University of Kentucky, Kentucky State University, U.S. Department of Agriculture, and Kentucky Counties, Cooperating. Lexington, KY 40506



### 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.

|               |  |                     |  |                |  |
|---------------|--|---------------------|--|----------------|--|
| <b>Name:</b>  |  | <b>School Name:</b> |  | <b>County:</b> |  |
| <b>Grade:</b> |  |                     |  |                |  |

#### II. Family Information

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

|                      |  |                        |  |
|----------------------|--|------------------------|--|
| <b>Family Name:</b>  |  | <b>Family Email:</b>   |  |
| <b>Family Phone:</b> |  | <b>Family Address:</b> |  |

#### III. Member Information

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

#### IV. Parent/Guardian 1 Information

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

#### V. Parent/Guardian 2 Information

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

#### VI. Other Emergency Contact

|               |  |  |  |
|---------------|--|--|--|
| <b>Name:</b>  |  | <b>Relationship:</b>                                       |  |
| <b>Phone:</b> |  | <b>May we release personal information to this person?</b> | <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.

|                               |  |                                    |  |
|-------------------------------|--|------------------------------------|--|
| <b>Name of First Person:</b>  |  | <b>Relationship to 4-H Member:</b> |  |
| <b>Phone:</b>                 |  |                                    |  |
| <b>Name of Second Person:</b> |  | <b>Relationship to 4-H Member:</b> |  |
| <b>Phone:</b>                 |  |                                    |  |

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

|  |  |                          |  |
|--|--|--------------------------|--|
| <b>Relationship to Member serving:</b> |  | <b>Branch of service</b> |  |
| <b>Service Status:</b>                 | <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)

**XIII. 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



# September 9/2024

| SUN   | MON                                 | TUE   | WED   | THU  | FRI                                 | SAT   |
|---|-------------------------------------|---|---|--|-------------------------------------|---|
| 1   | 2<br><b>Labor Day</b>               | 3   | 4   | 5  | 6                                   | 7<br><b>State 4-H Shooting Sports Contest</b> |
| 8<br><b>State 4-H Shooting Sports Contest</b> | 9<br><b>5:30p.m. Media Club</b>     | 10<br>1 p.m. Homeschool Cloverbud Club<br>3:30 - West Irvine Cloverbud<br>5:30p. - Junior 4-H Club at Ext. Office | 11  | 12<br>Estill Springs Cloverbud Club & Junior 4-H Club 1st meetings after school! | 13<br><b>6:00 pm. 4-H Teen Luau</b> | 14  |
| 15  | 16<br><b>4-H Open House 4-7p.m.</b> | 17<br><b>4-H Council meeting at 6:30 p.m.</b>   | 18  | 19   | 20                                  | 21  |
| 22  | 23                                  | 24  | 25  | 26   | 27                                  | 28  |
| 29  | 30<br><b>5:30 p.m. Teen Club</b>    | OCT - 01  | OCT - 02<br><b>4:00 p.m. Photography Club</b> | OCT - 03<br><b>4:00 p.m. Teen Cooking</b>  | OCT - 04                            | OCT - 05                                      |

Estill County  
76 Golden Court  
Irvine, KY 40336

RETURN SERVICE REQUESTED

For more Plate it up recipes visit  
<https://fcs-hes.ca.uky.edu/content/plate-it-kentucky-proud>

★★★★★  
**reCOMMENDED**



## Baked Apples and Sweet Potatoes

|                         |                     |
|-------------------------|---------------------|
| 5 medium sweet potatoes | 1 teaspoon nutmeg   |
| 4 medium apples         | 1/4 cup hot water   |
|                         | 2 tablespoons honey |

|                         |                     |
|-------------------------|---------------------|
| 5 medium sweet potatoes | 1/2 cup margarine   |
| 4 medium apples         | 1/2 cup brown sugar |
|                         | 1/2 teaspoon salt   |



11. Bake for 30 minutes. Yield: 6, 1 cup servings. Nutrition Analysis: 300 calories, 8 g fat, 59 g carbohydrate, 0 mg cholesterol, 320 mg sodium. Source: USDA Food Stamp Nutrition Connection, Recipe Finder, June, 2008.

Buying Kentucky Proud is easy. Look for the label at your grocery store, farmers' market, or roadside stand.

1. Boil potatoes in 2 inches of water until almost tender.
2. Cool potatoes, peel and slice. Peel, core and slice apples.
3. Preheat the oven to 400°F. Grease a casserole dish with a small amount of margarine.
4. Layer potatoes on the bottom of the dish.
5. Add a layer of apple slices.
6. Sprinkle some sugar, salt, and tiny pieces of margarine over the apple layer.
7. Repeat layers of potatoes, apples, sugar, salt and margarine.
8. Sprinkle top with nutmeg.
9. Mix the hot water and honey together.
10. Pour over top of casserole.
11. Bake for 30 minutes. Yield: 6, 1 cup servings. Nutrition Analysis: 300 calories, 8 g fat, 59 g carbohydrate, 0 mg cholesterol, 320 mg sodium. Source: USDA Food Stamp Nutrition Connection, Recipe Finder, June, 2008.