



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

4-H News

Hickman County



November 2022

Cooperative Extension Service

Hickman County
329 James H Phillips Drive
Clinton, KY 42031
(270) 653-2231
Fax: (270) 653-4754
extension.ca.uky.edu



Hello Everyone

We have a new afterschool club starting this month, Creative Arts Afterschool! Call the office 270-653-2231 to sign up! We are also seeking parents to serve as Cloverbud leaders for youth grades K-3rd. Let us know if you are interested!

Melissa Goodman

All the best,

Melissa Goodman, Extension Agent for 4-H Youth Development Education

Turn the page for more fun



4-H GROWS HERE

How can we make a difference?

Volunteer in 4-H Youth Programs

2022 Hickman County 4-H Membership Forms completed!

46 Members

Help us grow



What we are excited about?

New 4-H Project Club starting this month!
Creative Arts Club

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

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, or physical or mental disability. University of Kentucky, Kentucky State University, U.S. Department of Agriculture, and Kentucky Counties, Cooperating.

LEXINGTON, KY 40546



Disabilities accommodated with prior notification.



Learning & Meeting Calendar

Topic	Date and Time	Location and Age Group
4-H Fishing Club	November 10 @ 3:00 PM	Rotary Park Lake Ages 9-18
4-H County-Wide Teen Club 4-H Area Teen Council	November 14 @ 4:00 PM	Hickman County Extension Grades 7-12
Chamber Leadership Business and Commerce Theme	November 15 @ 12:00 PM	Hickman County Extension Leadership Participants
4-H Creative Arts Club	November 15 @ 3:00 PM	Hickman County Extension Ages 9-18
4th Grade 4-H Clubs	November 16 @ 6th period November 17 @ 6th period	Mrs. Hughey Mr. Hawkins
4-H Fishing Club	November 17 @ 3:00 PM	Rotary Park Lake Ages 9-18
HCES Leadership Council- Leadership Academy	November 21 @ 8:00 -2:00	Hickman County Extension Leadership Cabinet Students
4-H Sewing Club	November 21 @ 3:00 PM	Hickman County Extension Ages 9-18
HCEO Closed for Thanksgiving Holiday	November 24-25	Hickman County Extension
4-H Clovers Club	November 29 @ 3:00 PM	Hickman County Extension 5th and 6th Grade Students
HCMS 4-H Middle School Club	December 2	HCMS Grades 7-8
HCMS 4-H High School Club	December 2	HCMS Grades 9-12
4-H Sewing Club	December 5 @ 3:00 PM	Hickman County Extension Ages 9-18
4-H Christmas Workshop	December 19 9:00 AM -2:00 PM	Hickman County Extension Ages 8-18



FISHING

— Club —

Grades
4th-12th



AFTERSCHOOL 3:00-4:30 PM

Call 270-653-2231 to Register | Fall Dates: October 13 & 27
Must complete 4-H Enrollment Form | November 10 & 17

Meet at Rotary Park Pond | Weather Permitting
Fishing License Required for Youth 16 and Older

HCHS 4-H Middle School and HS Teen Club will meet December 2 on HC Club Day. [Participant Forms](#) are required. We will be making art to send to Eastern KY flood victims and signing up for volunteer hours.



Meetings on Nov. 21, Dec. 5, Dec. 19

You can join anytime! Bus will drop at the office with parent note.

**JOIN US EVERY OTHER MONDAY
AFTERSCHOOL FOR
4-H SEWING CLUB**

ALL SKILLS LEVELS. AGES 9-18.

4-H Sewing Club

starts Monday after school from 3:00-4:30 with club leader, Mrs. Linda Lawrence. Call 270-653-2231 to sign up. If you have a machine, bring it. If not, we will have machines available. Youth must have a 2022 4-H enrollment form on file. See page 7-8 for the enrollment form.



Quote of the Month

"Real leaders are ordinary people with extraordinary determinations."

~ John Seaman Garns

Sign Up for our Digital News, by scanning the QR code below and filling out the form. 4-H Focus will be a way to quickly disseminate information about County, Area and State 4-H Programs.



Fishing Club, Afterschool Programs and much more are coming....

Sign up for Hickman County 4-H Remind. Our Remind Code is 4h-hc. You can text the message @4h-hc to the number 81010 or On your iPhone or Android, open your web browser and got to the follow link: rmd.at/4h-hc



4-H Clovers Club for 5th & 6th Grade Students will start meeting afterschool!

5th and 6th Grade Students have a new 4-H club meeting afterschool at the Hickman County Extension Office from 3:00-4:15 on Tuesday, November 29. The school bus will drop off at the Extension Office with a parent note. Youth must have a 2022 4-H enrollment form on file. See page 7-8 for the enrollment form. Please call the office to let us know you are coming- 270-653-2231.

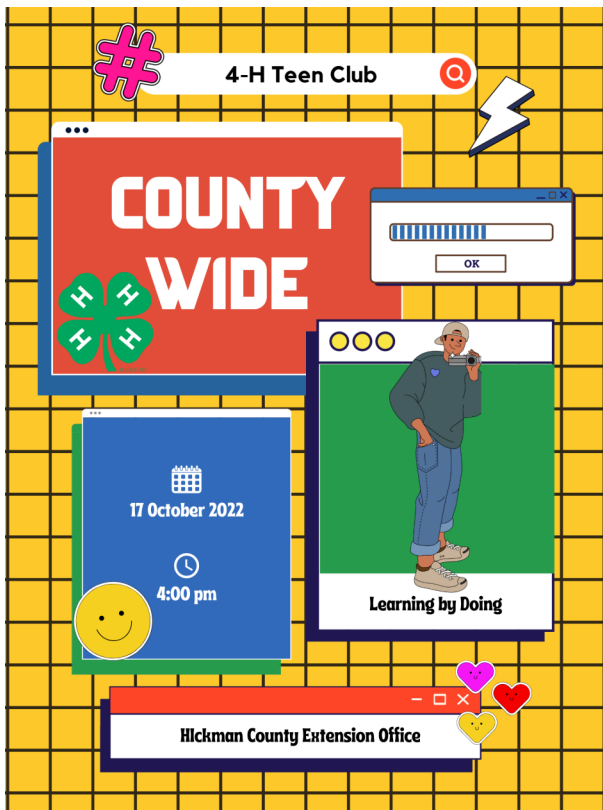


Open
to
Youth
Ages 8-
18



4-H Christmas Workshop

Join us for a Christmas Workshop on December 19 from 9 AM-2 PM. We will be making three Christmas gifts, cookies and hot chocolate, and caroling at a local nursing home. The supply fee is \$20.00 and includes lunch. Register by Monday, December 12th to the Hickman County Extension Office and checks are payable to Hickman County 4-H Council. If you have any questions please contact the Hickman County Extension Office at 270-653-2231 or mgoodman@uky.edu.



November County-Wide 4-H Teen Club and W1W2 Area 4-H Teen Council

4:00-5:00 for games and meeting and then travelling to Paducah for the 4-H Area Teen Council. Call the office by Friday, November 11 to let us know you are going to schedule transportation!

*Ask about Teen Conference
- June 2023 - You will not
want to miss it!*

Commodity Cooking CRUNCHY MUNCH SNACK MIX

 **COOK TIME**
10 Minutes

 **SERVINGS**
10

INGREDIENTS

- 2 cups mini shredded wheat squares cereal
- 1 cup dried fruit (such as raisins, cranberries, blueberries, apricots)
- cup nuts or seeds (such as almonds, peanuts, pumpkin seeds)
- 1 cup mini pretzels



METHOD

1. In an airtight container, combine cereal, dried fruit, nuts/seeds and pretzels.
2. Keep sealed to store.

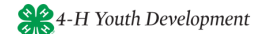
This work is supported by the Expanded Food and Nutrition Education Program from the USDA National Institute of Food and Agriculture.



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USDA Supplemental Nutrition Assistance Program
This institution is an equal opportunity provider. This material was partially funded by USDA's Supplemental Nutrition Assistance Program - SNAP.



4-H Participant Information/Enrollment Form (NOT FOR RESIDENTIAL CAMP)

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 to allow for photocopying. *Form Updated: August 2022*

Name: _____ County/Area: _____
 Preferred Name: _____ School Name: _____
 Address: _____ Birth Date: _____ Age: _____
 City: _____ State: _____ Zip: _____ Grade: _____
 Phone: _____ Email: _____
 Gender: Female Male
 Residence: Farm Town < 10,000 or Rural Non-Farm Town/City/Suburb 10,000-50,000 City/Suburb >50,000 City- Central >50,000
 Race (please choose more than one if applicable): American Indian Asian Black Hispanic Non-Hispanic Native Hawaiian or Pacific Islander White Prefer Not to Say Not Listed: _____ T-Shirt Size: _____

Parent/Guardian 1: _____ Phone number: _____
 Email: _____
 Parent/Guardian 2: _____ Phone number: _____
 Email: _____

Emergency Contact #1: _____ Phone H W C: _____
 Email: _____
 Emergency Contact #2: _____ Phone H W C: _____
 Email: _____

Is any member of your family a current or former member of the United States Military or National Guard? Yes No

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

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1) Asthma..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) Bronchitis..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 3) Convulsions..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 4) Diabetes..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 5) Ear Infection..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 6) Fainting..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 7) Heart Condition..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 8) Headaches..... | <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) Serious Allergy to Nuts..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 12) Serious Allergy to Gluten..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 13) Serious Allergy to Dairy..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 14) Wear Glasses/Contacts..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 15) Other Conditions..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 16) Drug Allergy (please explain) | <input type="checkbox"/> | <input type="checkbox"/> |
| 17) Food Allergy (please explain) | <input type="checkbox"/> | <input type="checkbox"/> |
| 18) Other Allergy (please explain) | <input type="checkbox"/> | <input type="checkbox"/> |

Please explain any "yes" responses:

 Please explain any restrictions (dietary, physical, etc):

- The following over the counter medications may be administered to my child without contacting me:
- Antihistamine Pill Antacid Ibuprofen (Advil) Hydrocortisone Cream
- Acetaminophen (Tylenol) Decongestant Dramamine Polysporin (topical antibiotic)

List any conditions requiring medication: _____

Name of Family Doctor: _____ Doctor's Phone: _____
 Health Insurance Company: _____ Policy #: _____
 Name of Policy Holder/Relationship to Participant: _____ Member ID: _____

Medical Treatment

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/GUARDIAN: _____ 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 /GUARDIAN: _____ NO, I do not permit

4-H Youth Development CODE OF CONDUCT FORM (NOT FOR RESIDENTIAL CAMPS)

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 AND 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 attire. 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, vape juice and/or devices, and/or drugs (except for medications prescribed to the participant by a licensed physician) are prohibited. Delegation chaperones and/or volunteers shall limit use of tobacco products to designated areas.
- Possession of firearms not for educational use is prohibited.
- Setting off fire alarms and tampering with fire extinguishing and other emergency equipment are prohibited.
- Gambling of any type is prohibited.
- 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.
- Obscene, discriminatory and/or inappropriate language, roughhousing, and insubordination are prohibited at all times.
- Display of overly affectionate or inappropriate attention between participants is 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, AND 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 they 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/her own expense
- Released to nearest law enforcement authority
- Barred from participation from future 4-H events
- Termination of 4-H membership
- Assessed the cost of damages for destruction of property

I, _____, have read the Code of Conduct and agree to abide by its rules.

(Print Name)

I understand that infraction of this Code of Conduct will result in any or all of the penalties listed above.

Member/Volunteer _____ County _____

Parent/Guardian _____ Date _____

CommUNITY Connection



Show off your Christmas Spirit!

CLINTON Christmas Parade

December 10 at 1:00 PM

Call 270-653-4301 (Deena) or 270-653-4001 (Teresa) to register your parade entry-float, walking group, pet, motorized vehicle. Line up begins at 12:15. Same route at 2021 Halloween Parade.



HICKMAN COUNTY CHAMBER PRESENTS

COOKIES WITH SANTA

**DECEMBER 10, 2022
RIGHT AFTER THE 1:00 PM
CHRISTMAS PARADE
ROTARY PARK, CLINTON, KY**

Bring your own camera & letters for Santa!
Fun Games & Activities.

ARTS, CRAFTS, & BOOK FAIR

The most festive and creative place to do your holiday shopping.



**NOVEMBER 19, 2022
8:30 - 2:30**

SUPPORT LOCAL ARTISANS THIS HOLIDAY SEASON. STOP BY OUR BOOTHS FEATURING ARTS & CRAFTS, LOCALLY PRODUCED FOODS, SELF-AUTHORED BOOKS & NOVELS, PLUS ENJOY HOMEMADE LUNCH FOR \$5.00.

**HICKMAN COUNTY
ELEMENTARY
SCHOOL GYM**
416 McMorris Street
Clinton, KY 42031





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Hickman County
329 James H Phillips Drive
Clinton KY 42031

RETURN SERVICE REQUESTED

Learning.

Doing.

Making the best better.



It starts with us