

MILLER SCHOOL

November 17, 2023



November Character Trait—Empathy

Dates to Remember

Nov 22-24: No School- Thanksgiving Break

Dec 1: Trimester 1 Ends

Dec 6: Early Release Day- Dismissal @ 1:10 pm

Dec 8: Report Cards

Dec 25-Jan 1: Holiday Break

Jan 2: School Resumes

MILLER SCHOOL VALUES

TREAT OTHERS THE WAY YOU WANT TO BE TREATED

KEEP THINGS NEATER OR BETTER THAN YOU FOUND THEM

DO YOUR BEST

BE SAFE

★ Parent Reminder ★

Changes to Dismissal Plans?

Please call the Office **BEFORE**
2:30 pm @ 832-2103

More Parent Reminders

Student Drop Off @ 8:30 am

Classes Begin @ 8:45 am

Afternoon Pickups @ 3:10 pm

Dismissal to Buses @ 3:15 pm

NO last-minute office pickups after **2:45**
unless emergency

When using ParentSquare to contact the office, please use “miller office” (no quotes) so all office staff will receive the messages.

MILLER SCHOOL LOGO GEAR!!



Miller School apparel is now available at:

<https://kdkstore.com/millerschoolpto>

Child and Adult Sizes

The store is available until 11/26/23.

SEEKING

Big Brother/Big Sister Miller School Site-Based Mentoring Coordinator

Big Brothers Big Sisters of Mid-Maine's (BBBSMM) Site-Based Mentoring program (SBM) matches high school students (Bigs) in one-to-one relationships with elementary school-aged youth (Littles).

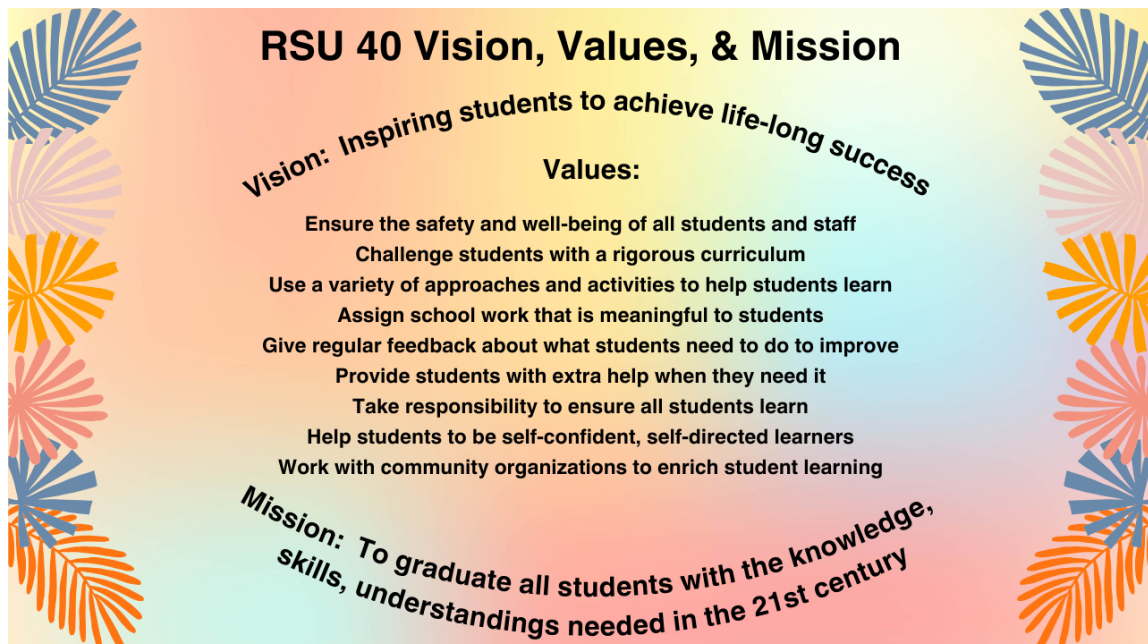
They spend time together on Tuesdays from 3:15 - 4:15 at Miller School for one hour after school.

BBBSMM requires that these matches/after-school programs are supervised and supported at all times by a screened and trained adult volunteer known as the **Site Coordinator**.

What do coordinators do?

- Supervise weekly meetings between Bigs & Littles to ensure match quality, healthy relationship development, and child safety.
- Arrive approximately 15 minutes early to greet all Bigs & Littles and record attendance, distribute snacks, and supplies.
- Communicate with BBBS program staff weekly to share details of the program, attendance, questions, success, etc.

If interested, please contact
BB/BS Program Manager
Katelyn Robbins
207.518.8396
katelyn@bbbsmidmaine.org



RSU 40 Vision, Values, & Mission

Vision: Inspiring students to achieve life-long success

Values:

- Ensure the safety and well-being of all students and staff
- Challenge students with a rigorous curriculum
- Use a variety of approaches and activities to help students learn
- Assign school work that is meaningful to students
- Give regular feedback about what students need to do to improve
- Provide students with extra help when they need it
- Take responsibility to ensure all students learn
- Help students to be self-confident, self-directed learners
- Work with community organizations to enrich student learning

Mission: To graduate all students with the knowledge, skills, understandings needed in the 21st century

**Our school district partners with
Tooth Protectors, Inc.
to offer preventative dental care here at school to students**

When:

During the last two weeks in January 2024
(Dates to be announced)

For Who:

Services are available for students with or without dental insurance

Cost:

Services are FREE to those with active MaineCare Insurance
(be sure to provide insurance information on the permission form)

Fees available for self-pay patients

Tooth Protectors can bill other dental insurances

Tooth Protectors currently do not accept the following insurances:
Harvard Pilgrim, Humana and Martins Point

Your child will receive the dental services you select on the permission form
Please remember to pay or send in payment to the school PRIOR to the date of the clinic

*If you would like your child to receive this dental service,
please complete and sign the Tooth Protectors Dental Permission Form,
one per child, and return to the school as soon as possible*

Or

You can fill out the Electronic Permission form and pay for services at this link below
<https://www.toothprotectors.org/permission-form/>

***Important: Be sure to complete the permission form, including providing insurance information.
Be sure to sign and date the form at the bottom***

There are also Tooth Protectors Permission Forms in the Main Office of your child's school

Sign up today to help keep your child smiling!



Tooth Protectors Inc.
School Dental Care Program Permission Form 2023-2024 School Year
Patient Consent & Medical/Dental History

P.O. Box 314 Lewiston, Maine 04243 Office (207) 513-1111 ToothProtectors.org



THIS FORM PROVIDES PERMISSION FOR YOUR CHILD TO BE SEEN TWO TIMES DURING THIS 2023-2024 SCHOOL YEAR FOR DENTAL CARE. PLEASE FILL OUT ONE FORM PER CHILD TO BE SEEN

GENERAL INFORMATION: School Name: _____ Teacher/Grade: _____

Child's Full Name: _____ Date of Birth: ____/____/____ Male / Female

Mailing Address: _____ Town: _____ Zip Code: _____

Home Phone: _____ Cell: _____ Email: _____

DENTAL SERVICES: Must Choose Services Below INSURED PATIENTS ONLY

All Services Covered By Insurance Or Selected Services ONLY Cleaning Fluoride Sealants
 Temp Fillings Review (Educational Review of proper brushing, flossing and proper oral hygiene)

Dental Services you **DO NOT** want your child to receive from Tooth Protectors Inc: Fluoride Sealants Other _____

PAYMENT METHOD: - Accepted insurance is subject to change without notice – We currently **DO NOT** accept: Harvard Pilgrim, Humana, BCBS FEP

MAINECARE INSURANCE- ID # for Child: _____ A

DENTAL INSURANCE- Ins. Company Name: _____ Policy Holders Full Name: _____ DOB: _____

Group # _____ Policy/Subscriber ID or Social Security # _____ Payer ID: _____

Dental Ins. Phone #: _____ Dental Claim Phone #: _____ (on back of Ins Card)

Please TEXT A PICTURE OF YOUR INSURANCE CARD front & back to: EMAIL: Info@ToothProtectors.org.

SELF PAY - PAYMENT METHOD: **Payment must be received before services are provided** - There will be a \$25.00 fee for insufficient funds

Please make Check/MO payable to: Tooth Protectors or TPI Please write your child's Full Name in the Memo Line

Cash – must be in exact amount Credit Card – Go to ToothProtectors.org to make a payment.

Former MaineCare insured patients please read fully: "I understand that my child no longer has active MaineCare coverage. I understand that I will be paying out of pocket and by signing this permission form, I understand that I am responsible for payment of services rendered.

Services I want my child to receive: (Check the services from left to right. Then add up & total to the right)

My child is age 12 or Under, for \$75.00 - Full dental cleaning, Review Fluoride treatment \$35.00 Sealants \$30.00 per tooth TOTAL: \$ _____
 My child is age 13 or Older, for \$85.00 - Full dental cleaning, Review Fluoride treatment \$35.00 Sealants \$30.00 per tooth TOTAL: \$ _____

MEDICAL/DENTAL HISTORY: Has your child ever needed Antibiotics for dental treatment? Y N *if yes, please take the same precautions prior to treatment.*

Please list dental concerns you may have: _____ List any Medical Conditions/Allergies your child has: _____

List ALL Medications: _____

Has your child ever seen a Dentist? Y N If yes, was it at school? Y N If not, which dental office were they seen at? _____

Has he/she had a cleaning in the past 6 months? Y N Patient was last seen (month & year) _____

Patient last seen by: _____ Services received during Last Visit: Cleaning—Fluoride—Sealant—Fillings—Exam—X-Ray---Extraction---other _____

I give permission for my child to receive dental services **TWO (2) TIMES DURING THIS SCHOOL YEAR.** (if my child's school can offer it two times this school year.) I understand that I will receive a reminder of the 2nd dental clinic date from the school and/or TPI and that my child will be automatically added to the dental clinic list to be seen. It is my responsibility to notify either TPI (207) 513-1111 or my child's school prior to the 2nd dental clinic spring date to make any changes regarding my child's medical/dental history or removing them from the spring dental clinic list. I understand that the services provided today do not take the place of a complete dental exam by a dentist. However, dental services are being provided by a registered, licensed dental hygienist with Public Health Status (PHS) associated with Tooth Protectors Inc. (TPI), at school, during school hours. I have entered my child's information on this permission/consent form accurately and truthfully and understand that it is my responsibility to report/remember my child's date of dental service. I am also responsible to report this date when needed for current/future dental treatment and cannot hold TPI responsible if the information is not accurate/truthful on this form regarding current and/or previous treatment/appointments with other dental office locations. I agree to notify my child's school and/or TPI at (207) 513-1111 of ANY changes to my child's medical/dental history or of a dental home. I give permission for TPI to release patient and dental service information to benefit my child. I understand that the services provided do not take the place of a complete exam by a dentist. I understand that TPI is HIPAA compliant, and all records are kept confidential and that claims to insurance (if applies to your child) will go through TPI per electronic transfer or mail. Services not paid for by my insurance are my responsibility. I understand that if I have listed insurance information for my child & he/she does NOT have dental coverage at the time services are provided, and/or received the same services by another dental provider within 6 months and I did not divulge this above, than I assume all responsibility for payment of services received and understand that I will receive a bill from Tooth Protectors Inc.

Parent/Guardian SIGNATURE _____

Parent/Guardian PRINTED Name _____

Date _____



Fight Hunger Bag Program



Fundraiser for Miller School

Miller School will receive \$1 from every \$2.50 reusable *Fight Hunger Bag* sold during the month of November at Waldoboro Hannaford.

Plus, Miller School will receive \$0.25 from every *Hannaford Snack Pals Plate* sold during November. You will find these 2/\$5 plates in special displays at the Waldoboro store.



Bloomin' 4 Good Program



Give the Best Gift



Give the gift of a Bloomin' 4 Good Bouquet. During the month of **December**, every purchase of this bouquet at our selected Hannaford will send us \$1.

hannaford.2givelocal.com
Bloomin' 4 Good Program

Keep your Child Away from Lead

Lead Tipsheet #5



Here are 4 things you can do to keep your child away from lead. If you know that you have lead paint in your home or you think you might, use this tipsheet to help keep your children away from lead.

Toddlers at ages 1 and 2 are more likely to be around lead. They can get lead dust or lead paint chips into their bodies because they often put their hands, toys or other things in their mouths. They also play where lead dust may be—like on floors and near window sills.

1 Keep Play Areas Clean

Think about all the places in your home where your child plays.

- See if there is peeling or chipping paint. Pick up any paint chips and throw them away.
- Wash the floor or vacuum the carpet often (use a HEPA vacuum).
- Put furniture in front of window sills with chipping paint so your child can't get to them.
- If you live in an apartment, don't let children play in the hall, stairs or on the porch.

2 Wash up Dust

A little bit of lead dust can easily spread over your entire house or apartment. Frequent cleaning using wet mops and rags can help reduce the amount of lead dust in your home.

- Wash window sills, trim around windows and doors and other areas children touch.
- Wash floors once a week.
- Go to the homeowners' section at maine.gov/healthyhomes for more information.

3 Test Your Child for Lead

Talk to your child's doctor about a blood lead test for your child.

- Maine requires all children be tested at 1 and 2 years of age.
- If your child's blood lead test comes back high, your child will need other lead tests to make sure the lead is leaving the body.
- Make sure you go to all the appointments with your child's doctor.
- Go to the parents' section at maine.gov/healthyhomes for more information.

4 Keep Lead Out of your Child's Mouth

- Wash hands before eating and sleeping.
- Wash toys weekly.
- Don't let children eat food or use pacifiers that have fallen on the floor.
- Feed children at a clean table or in a high chair.

Protect your family.

- Check this website: maine.gov/healthyhomes
- Call for advice: **866-292-3474** • TTY: **Call Maine Relay 711**



ORAL HEALTH

Tips for Families from the National Center on Early Childhood Health and Wellness

You Can Promote Good Oral Health By:

- Knowing how to make sure you and your family have healthy mouths and teeth
- Helping your children learn good mouth and teeth habits

Why Is It Important?

When Children Have a Healthy Mouth, They:

- Can speak clearly
- Can eat healthy foods
- Feel good about themselves

Having a Healthy Mouth Also Means:

- Healthy growth and development
- Being able to focus and learn
- A pain-free mouth
- Lower dental care costs for your family



Things You Can Do to Help Your Child

- Brush your child's teeth with fluoride toothpaste twice a day.
- If your child is younger than 3 years, brush with a smear of fluoride toothpaste.
- If your child is age 3 to 6 years, brush with a pea-size amount of fluoride toothpaste.
- Young children will want to brush their own teeth, but they need help until their hand skills are better. Brush children's teeth or help children brush their teeth until they are about 7 or 8 years old.
- Be a role model for oral health! Brush your teeth with fluoride toothpaste twice a day (in the morning and at bedtime) and floss once a day.
- Serve healthy meals and snacks like fruits, vegetables, low-fat milk and milk products, whole-grain products, meat, fish, chicken, eggs, and beans.
- Limit the number of snacks your child has in a day.
- Do not give your child food for rewards.
- Take your child to the dentist for a check up by her first birthday and keep taking her.
- If your child has not gone to the dentist take him.
- Ask your dentist what you can do to keep your mouth and your child's mouth healthy.
- Make sure to go to the dentist as often as your dentist would like you to go.
- Let your child care, Early Head Start, or Head Start program know if you need help or have questions about oral health.






ADMINISTRATION FOR
CHILDREN & FAMILIES



NATIONAL CENTER ON
Early Childhood Health and Wellness

Lunch Calendar- Revised 11/3

Milk is **FREE** for students who bring their own lunch

LUNCH		NOVEMBER 2023		Vegetable, Fruit and Milk Served with every meal WG = whole grain A-La-Carte Milk is \$.50	
Monday	Tuesday	Wednesday	Thursday	Friday	
		Hot Dog W / Roll 1 Or PB & J Sandwich	Macaroni & Cheese 2 Or PB & J Sandwich	Cheese Pizza 3 Or PB & J Sandwich	
Sausage & Cheese Sub 6 Or Bologna & Cheese Sandwich	Cheese Or Mexican Fajita Pizza 7 Or Bologna & Cheese Sandwich	Chicken Burger 8 Or Bologna & Cheese Sandwich	Hamburger Quesadilla 9 Or Bologna & Cheese Sandwich	No School 10	
Corn Dog Oven Fries 13 Or PB & J Sandwich	Cheese or Meatball Pizza 14 Or PB & J Sandwich	Beef Stroganoff Over Noodles 15 Or PB & J Sandwich	Toasted Ham & Cheese Sandwich 16 Chips Or PB & J Sandwich Chips	Chicken Cordon Bleu Burger 17 Or PB & J Sandwich	
Chicken Nuggets W / Dipping Sauce Granola Clusters 20 Or Chicken Salad Sandwich	Thanksgiving Dinner Turkey & Gravy With all the Trimmings! Special Dessert 21 No Second Choice	No School 22	 23	No School 24	
Fish Burger W / Cheese 27 Or Egg Salad Sandwich	Cheese or BBQ Chicken Pizza 28 Or Egg Salad Sandwich	Hamburger Oven Fries 29 Or Egg Salad Sandwich	Turkey Italian Chips 30 Or Egg Salad Sandwich / Chips		

"This institution is an equal opportunity provider"
Menu subject to change according to availability of food




EARN CASH FOR YOUR SCHOOL WHEN YOU...

BUY IN STORE	BUY ONLINE
 BUY Box Tops Products	1 SIGN UP on the app or at BTFE.com
 SCAN your store receipt	2 SHOP online
 EARN Box Tops for your school	3 FORWARD your digital receipt
	4 EARN Box Tops for your school