

# MILLER SCHOOL

December 22, 2023



**December Character Trait-- Self-Control**

## Dates to Remember

**Dec 25-Jan 1: Holiday Break**

**Jan 2: School Resumes**

**Jan 10: Early Release Day- Dismissal @ 1:10 pm**

**Jan 15: No School- Martin Luther King, Jr. Day**

**Feb 7: Early Release Day- Dismissal @ 1:10 pm**

**Feb 19-23: No School- Winter Break**



## 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

## Medomak Middle School Wrestling

MMS Wrestling begins on Wednesday, January 17 and is open to all RSU 40 students grades 5-8. Students interested in participating should sign up in the MMS main office. A current sports physical is required to start on January 17. Sports physicals are good for two years. Forms required: Sports Participation form, Concussion Information sheet, and COVID Consent form. Go to [www.rsu40.org](http://www.rsu40.org), click on "Programs", "Athletics", and then "Athletic Forms". FMI or to sign-up, contact Mr. Lash at 542-1475 or [matthew\\_lash@rsu40.org](mailto:matthew_lash@rsu40.org).

## Snack Donations Needed



**Ideas: individually-wrapped crackers, granola bars, dried fruit, healthy chips, pretzels, popcorn, goldfish crackers, & animal crackers**



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

 **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**



## 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](mailto:katelyn@bbbsmidmaine.org)

**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](mailto: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 2<sup>nd</sup> 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 2<sup>nd</sup> 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 \_\_\_\_\_





**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](http://hannaford.2givelocal.com)  
Bloomin' 4 Good Program

## 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

# Lunch Calendar- January

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

LUNCH					JANUARY 2024					Vegetable, Fruit and Milk served with every meal WG = whole grain Second Milk is \$.50				
Monday		Tuesday		Wednesday		Thursday		Friday						
1 <b>NO SCHOOL</b>		2 Chickenburger Chips Or PB & J Chips		3 Hot Dog W / Roll Baked Beans or PB & J		4 Home-Made Mac & Cheese WG Breadstick or PB & J		5 Open Face Turkey & Gravy Sandwich Or PB & J						
8 Grilled Cheese Cole-Slaw Or Turkey & Cheese Roll		9 Cheese or Sausage Pizza Or Turkey & Cheese Roll		10 Hamburger Chips Or Turkey & Cheese On a Roll / Chips		11 Ham Calzone Or Turkey & Cheese Roll		12 Chicken Nuggets W / Dipping Sauce Or Turkey & Cheese Roll						
15 <b>NO SCHOOL</b>		16 Corn dog Cobbies Or Tuna Roll		17 Beef Stew WG Roll Or Tuna Roll		18 German Day! Sausages German Hot Potato No Second Choice		19 Teriyaki Chicken Burger Or Tuna Roll						
22 Cordon Bleu Poppers Tater Tots Or Turkey & Cheese Roll		23 Cheese Pizza Or Turkey & Cheese Roll		24 Chicken Quesadilla Or Turkey & Cheese Roll		25 American Chop Suey WG Roll Or Turkey & Cheese Roll		26 Chicken Fries W / Dipping Sauce Potato Salad Or Turkey & Cheese Roll						
29 BBQ Pulled Pork Roll Or PB & J		30 Cheese or Bacon Pizza Or PB & J		31 Chili in Bread Bowl Or PB & J										

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

MY SCHOOL BUCKS PAY FOR MEALS ONLINE  
MySchoolBucks.com

**BOX TOPS FOR EDUCATION** EARN CASH FOR YOUR SCHOOL WHEN YOU...

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