



Union Elementary School

1070 Heald Hwy
Union, ME 04862
207-785-4330

Scott A. White, Principal
Allison Davis, Administrative Assistant
January 12, 2024



Dates to Remember

Monday, January 15th
Martin Luther King, Jr. Day
No School

~~~~~

**Thursday, January 18th**  
4th Grade Skiing @ Snowbowl

~~~~~

Wednesday, February 7th
Early Release Day
Dismissal @ 1:15 p.m.

~~~~~

**February 19-23**  
Winter Break-  
No School

~~~~~

Wednesday, March 6th
Early Release Day
Dismissal @ 1:15 p.m.

~~~~~

**Thursday, March 14th**  
2nd Trimester ends

~~~~~

Friday, March 15th
Workshop Day- No School



Pickleball

If you are interested in learning and playing pickleball, the Union Rec Dept. has secured UES gym time for this activity. Pickleball at UES not only is an opportunity to get some exercise, but it also allows individuals to meet new people and experience a healthy social environment. Here are the times Union Rec Pickleball has reserved:

Thursdays 5:30-7:30 p.m.
Saturdays 10:00 a.m.-12:00 p.m.
Sundays 2:00-4:00 p.m.

Coats, Coats, and More Coats

UES just received several brand new high-quality winter coats! The sizes range from size 8 to 14-16. We have both boys' and girls' styles. If you would like your child to have one of these beautiful coats, please notify the office and we will try our best to find one that meets your child's needs.

Super Citizens

Students recognized for positive behaviors!!

Our PBIS monthly theme for January is Honesty/Trust - I will be truthful and trustworthy.

Congratulations to the following students for being recognized this week for our targeted positive behavior:

Pre K - Brayson Gamage & Deakin Kenefick
Kindergarten - Luke Small & Caroline Girtman
1st Grade - Malachi Calderwood & Ryker Skidgel
2nd Grade - Charlie Ward & Kelsey Beardsley

3rd Grade - Amara Bendtson & Oliver Carpentier
4th Grade- Eli Wood & Ivy Lima
5th Grade - Alice LaPorte & Bentley Robinson
6th Grade - Sebastian Langley & Brigid Mills

Student Feature: Hailee Olsen Grade 5



I like UES because - I get to hang out with four of my favorite friends.

My favorite books include - *Barbie* and *Dogman*

I like to watch - Henry Danger and Sing 2

My favorite singers and bands include - Billie Eilish and Morgan Wallen

My favorite foods include - pizza and hamburgers

My hobbies include - talking to my friends after school

When I grow up I want to be - a doctor

If I could live anywhere in the world I'd live in - Colorado

MMS Wrestling

MMS Wrestling begins on Wednesday, January 17 and is open to all RSU 40 students grades 5-8. The first two practices will be from 6-7:30 in the MVHS Cafe Jan 17 and Jan 18. 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. Required forms are: Sports participation form, Concussion Information sheet and COVID consent form and can be found at 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.

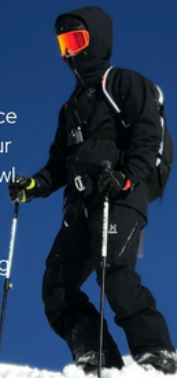
WALDOBORO REC

SKI CLUB

START: • FRIDAY JANUARY 5TH (EVERY FRIDAY)
• 3:30PM-7:00PM

COST: • \$20 Lift Tickets
• \$20 Rentals

Sign up at the Waldoboro Town Office by the end of the day Tuesday for our Friday trips to the Camden Snow Bowl. For more info call 832-5369 ext. 9. Registration and Rental Forms are available at www.waldoboromaine.org and at the Waldoboro Town Office.



Waldoboro
Recreation

More info at www.waldoboromaine.org

207-832-5369 ext. 9
rec@waldoboromaine.org



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

When:
January 26, 2024

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 at Union Elementary School

***Please return forms as soon as possible so we can
schedule enough time for our clinic!!***



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 _____