

Union Elementary School

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

Scott A. White, Principal
Allison Davis, Administrative Assistant
January 19, 2024



Dates to Remember

Thursday, January 25th

Tooth Protectors Dental Clinic @
UES

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**Wednesday, February 7th**

Early Release Day  
Dismissal @ 1:15 p.m.

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February 19-23

**Winter Break-
No School**

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**Wednesday, March 6th**

Early Release Day  
Dismissal @ 1:15 p.m.

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Tuesday, March 12th

Channel 8 Weather @ UES

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**Thursday, March 14th**

2nd Trimester ends

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Friday, March 15th

Workshop Day- No School

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**Friday, March 22nd**

Granite Coast Orthodontics visit-  
8:45-11:45 a.m.

Trimester 2 Awards Assembly @  
2:15 p.m.

## Scott Dyer Residency @ UES

Scott Dyer, local, experienced and talented educator and playwright will be working with our staff and students as part of the Union's Sestercentennial (250th Anniversary Celebration). He has written a play which all of our students will be participating in. There will be various roles so no children will be excluded. Although we don't have a scheduled date yet for this performance, we anticipate it occurring at the end of April. A large portion of the play is a narration on the history of the Town of Union through the eyes of "7 Trees". The play will incorporate important historical events, landmarks, and people who have made an impact on the evolution of Union since before its birth year of 1774. This play will serve an essential role in keeping the tradition of storytelling alive. We look forward to this opportunity for our students to create something special and unique that can be archived for future generations to come. This Artist in Residence Program is being funded by the Town's Pullen Fund.



## 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 - Thatcher Skidgel & Keller Grindle  
Kindergarten - Ella Bendtson & Addie Hatch  
1st Grade - Bristol Wilcox & Alden Evangelos  
2nd Grade - Zella Stotz & Kelsey Beardsley  
3rd Grade - Clancey Calderwood & Aaliyah Stanton  
4th Grade- Brookelynn Gamage & Brooklyn Moody  
5th Grade - Kallie Wyman & Hailey Robinson  
6th Grade - Kyle Jensen & Jules Blake

## Super Citizens



## Student Feature: Heidi-Lynn Burtchell Grade 5



**I like UES because** - In my old school I got bullied a lot, but here I have a bunch of friends. I also love my teachers because they help me with school work, but also listen if I need to talk about something.

**My favorite books include** - *The Girl From the Sea*, *Guts*, *Sisters* and the *Harry Potter* books

**I like to watch** - Family Reunion and The Girl Lay Lay on Netflix and SS Sniper Wolf on Youtube.

**My favorite singers and bands include** - Taylor Swift. I went to her concert last year. My favorite songs are *Wildish Dreams*, *Back to December*, *Red*, and *Style*.

**My favorite foods include** - my mom makes me steak, broccolini from the air fryer, mashed potatoes, carrot sticks. I also love chocolate and Dino nuggets.

**My hobbies include** - Giving my older sister massages and doing her makeup. I also like to draw.

**When I grow up I want to be** - cosmetologist or an aesthetician "a skin care person."

**If I could live anywhere in the world I'd live in** - Union. It's not too big and I get to go in the woods and play.

## 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](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).



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



**At this point we only have 9 students signed up  
here at UES but we would love to have more!**

***When:***  
**January 25, 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*

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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 form by Monday, 1/22/24 at the latest.***





**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 \_\_\_\_\_