

Union Elementary School

1070 Heald Hwy Union, ME 04862 207-785-4330 Scott A. White, Principal Allison Davis, Administrative Assistant **March 13, 2025**



Dates to Remember

Friday, March 14th Workshop Day- No School

Friday, March 21st

2nd Trimester Awards Assembly 2:00 p.m.

&

Report Cards sent home via ParentSquare

Monday, March 31st

Spring pictures

Wednesday, April 2nd

Early Release Day- dismissal @ 1:15 p.m.

April 21-25 Spring Break- No School

Monday, May 5th
Tooth Protectors @ UES

Wednesday, May 7th

Early Release Day - dismissal @ 1:15 p.m.

Super Citizens



Students recognized for positive behaviors!!

Our PBIS monthly theme for March is Cooperation. These students are cooperative and work well in teams.

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

Pre K - Theo Harlow & Scarlett Alley

Kindergarten - Henry Mehrmann & Wesley Wilcox

1st Grade - Caroline Girtman & Benjamin Paulsen

2nd Grade - Wyatt Fridley & Jason Corbett

3rd Grade - Finnley Grierson & Isabelle Cahill

4th Grade - Phillip Jura & Clancey Calderwood

5th Grade - Mason Wyllie & Danielle Harvey

6th Grade - Colby Calderwood & Bentley Robinson









Pre-K and Kindergarten Registration Information for 25/26

Pre-K:

A child must be four years old on or before October 15, 2025, to be eligible to register for Pre-K. Priority will be given to students who live in our school district.

We anticipate having six Pre-K classrooms in our district located at Miller School (2), Union Elementary School (1), Prescott Memorial (1) and Warren Community School (2). Students attend five full days a week. Each Pre-K class is full when it reaches 16 students. Friendship students will have the option of being transported to/from Warren or Miller School based on class sizes.

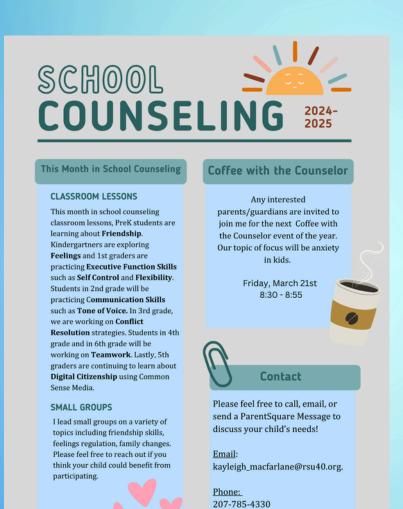
A child will not be considered for placement in a class until registration is fully complete including proof of residency, birth certificate, and immunization record.

Kindergarten:

A child must be five years old on or before October 15, 2025, to be eligible to register for Kindergarten. If your child was already enrolled with the district for Pre-K, you do not need to do a new registration for enrollment for Kindergarten. You will need to do the annual update of Student Information in the fall.

Please note: If you are an existing family of RSU 40 with a student already enrolled in the district and are registering another child, you will register your child through your <u>Campus Portal</u> account. If you do not have a Campus Portal account, please contact Mrs. Davis in the office @ 785-4330.

New Student Registration Link



Strawbridge Studios Spring Pictures



Spring pictures will be taken here at UES on Monday, March 31st. Students will get a proof about 2 weeks after photos are taken and parents can order at that time if they would like.







Baseball & Softball Sign Ups!

Deadline is March 22, 2025!!

Registration for all levels of baseball & softball (tee-ball, coach pitch, kid pitch & Little League) is online this year!

https://leagues.bluesombrero.com/Default.aspx?tabid=1759154

Little League tryouts will be at Medomak Valley High School on March 22nd & March 29th

> Baseball League Age 9: 3:30-5:00 pm Baseball Legue Age 10-12: 5:00-6:30 pm Softball League Age 9-12: 6:30-8:00 pm

Registration Tips!

Proof of residency forms and school enrollment form are **not** required to play in Medomak Valley Little League so you can simply skip over them!



RSU 40 is partnering with Tooth Protectors, Inc. to offer preventative dental care here at school to students:

SPRING 2025 DATES:

- April 1-3: Miller School
- April 7: Medomak Valley High School & Medomak Middle School Please note: Tooth Protectors will be located at the high school. Middle school students will be seen at the high school for their dental visits.
- April 16-17: Warren Community School
- April 17: Friendship Village School
- May 5: Union Elementary School
- May 6: Prescott Memorial School

For Who:

Services are available for students with or without dental insurance.

NEW for the 2024-2025 School Year!

Tooth Protectors has partnered with the State Oral Health Program to provide oral screenings and fluoride to non-insured/underinsured children at NO-COST to the parent!

- 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

Please Note: Tooth Protectors currently does not accept the following insurances: *Harvard Pilgrim, Humana, Metlife, and BCBS Federal*

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.

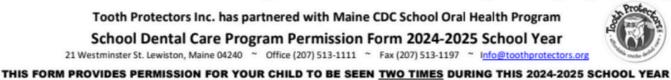
If you would like your child to receive this dental service, please complete and sign the Tooth Protectors Dental Permission Form, one per child, and return to the school as soon as possible **OR** you can fill out the electronic permission form and pay for services at this link: https://www.toothprotectors.org/permission-form/

THINGS TO REMEMBER:

- Be sure to complete the permission form, including providing insurance information.
- Be sure to sign and date the form at the bottom.
- Return printed form(s) to school as soon as possible.
- Tooth Protectors Permission Forms are also located in the Main Office of your child's school.
- If you filled out a permission form last fall and your student was seen by Tooth Protectors, you DO NOT need to fill out the permission form again. Please let the school know your student will be attending again for the spring visit. Thank you.

PREVENTATIVE DENTAL CARE AVAILABLE TO ALL STUDENTS

Tooth Protectors Inc. has partnered with Maine CDC School Oral Health Program School Dental Care Program Permission Form 2024-2025 School Year



21 Westminster St. Lewiston, Maine 04240 ~ Office (207) 513-1111 ~ Fax (207) 513-1197 ~ Info@toothprotectors.org

GENERAL INFORMATION: School Name:	Teacher/Grade:
Child's Full Legal Name:	
Mailing Address:	Town:Zip Code:
Home Phone: Cell: _	Email:
DENTAL SERVICES: MUST Choose Services	s Below that you are authorizing your child to receive:
I want ALL SERVICES Covered by insur	ance or the school oral health program.
I ONLY what these Dental Services	Dental Cleaning Fluoride SDF (Fluoride) (To try to stop the spread of cavities)
	Preventative Sealants Temporary Fillings
PAYMENT OPTIONS: Accepted Insurance is subject	to change without notice.
MAINECARE - ID	A
INSURANCE - Company Name:	ID#:
Policy Holder's Name:	DOB: Payer ID:
	to the clinic date at school- go to www.toothprotectors.org or call 207-513-1111
\$75.00 AGE 1-12 DENTAL CLEANING	
\$85.00 AGE 13+ DENTAL CLEANING	\$70.00 TEMPORARY FILLING per tooth \$40.00 SDF per tooth (To try to stop the spread of cavities,
MEDICAL/DENTAL HISTORY: Has your child eve	er 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:	Last Visit to Dentist:
dental history, removing them from the list or any other info needed patient information to benefit my child. I understand TPI submits clinsurance are my financial responsibility. I understand that if I have received the same services by another dental provider within 6 month	school, TWO TIMES THIS SCHOOL YEAR. It is my responsibility to notify TPI 207-513-1111 of any changes to medical or for care. I understand dental services provided do not take the place of a dental exam. I also give TPI permission to release all laims to my dental insurance company on my behalf via electronic and by mail, however dental services NOT PAID by my listed insurance information for my child and he/she does NOT have dental coverage at the time services are provided, and/or his and I did not divulge this above, then I assume all responsibility for payment of services received and understand that I will Partnered with the Maine CDC School Oral Health Program and will provide Screenings and Fluoride on their behalf.
Parent/Guardian SIGNATURE	Parent/Guardian PRINTED Name / Relationship to Child DATE