



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

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**Friday, March 21st**  
2nd Trimester Awards Assembly  
2:00 p.m.  
&  
Report Cards sent home via  
ParentSquare

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Monday, March 31st
Spring pictures

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**Wednesday, April 2nd**  
Early Release Day- dismissal  
@ 1:15 p.m.

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April 21-25
Spring Break- No School

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**Monday, May 5th**  
**Tooth Protectors @ UES**

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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



UNION ELEMENTARY SCHOOL 2ND TRIMESTER AWARDS ASSEMBLY



Parents and family members are invited to attend the 2nd Trimester Awards Assembly here at UES on Friday, March 21st beginning @ 2:00 p.m. The awards that will be presented will be Effort, Citizenship, Math, Reading, Science, Social Studies, Writing, Scholar, Art, P.E., Music, Spanish and Health. Hope to see you here!!



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 Campus Portal account. If you do not have a Campus Portal account, please contact Mrs. Davis in the office @ 785-4330.

[New Student Registration Link](#)

SCHOOL COUNSELING

2024-2025



This Month in School Counseling

CLASSROOM LESSONS

This month in school counseling classroom lessons, PreK students are learning about **Friendship**. Kindergartners are exploring **Feelings** and 1st graders are practicing **Executive Function Skills** such as **Self Control** and **Flexibility**. Students in 2nd grade will be practicing **Communication Skills** such as **Tone of Voice**. In 3rd grade, we are working on **Conflict Resolution** strategies. Students in 4th grade and in 6th grade will be working on **Teamwork**. Lastly, 5th graders are continuing to learn about **Digital Citizenship** using Common Sense Media.

SMALL GROUPS

I lead small groups on a variety of topics including friendship skills, feelings regulation, family changes. Please feel free to reach out if you think your child could benefit from participating.



Coffee with the Counselor

Any interested parents/guardians are invited to join me for the next Coffee with the Counselor event of the year. Our topic of focus will be anxiety in kids.

Friday, March 21st
8:30 - 8:55



Contact

Please feel free to call, email, or send a ParentSquare Message to discuss your child's needs!

Email:
kayleigh_macfarlane@rsu40.org.

Phone:
207-785-4330

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 League 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



THIS FORM PROVIDES PERMISSION FOR YOUR CHILD TO BE SEEN TWO TIMES DURING THIS 2024-2025 SCHOOL YEAR

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

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

Mailing Address: _____ Town: _____ Zip Code: _____

Home Phone: _____ Cell: _____ Email: _____

DENTAL SERVICES: MUST Choose Services Below that you are authorizing your child to receive:

_____ I want **ALL SERVICES** Covered by insurance 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: _____

_____ SELF PAY - Payment required **PRIOR** to the clinic date at school- go to www.toothprotectors.org or call 207-513-1111

_____ \$75.00 AGE 1-12 DENTAL CLEANING _____ \$30.00 SEALANTS-per tooth

_____ \$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 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: _____ Last Visit to Dentist: _____

*I give consent/permission for my child to be seen for Dental Care at school, **TWO TIMES THIS SCHOOL YEAR**. It is my responsibility to notify TPI 207-513-1111 of any changes to medical or dental history, removing them from the list or any other info needed for care. I understand dental services provided do not take the place of a dental exam. I also give TPI permission to release all patient information to benefit my child. I understand TPI submits claims to my dental insurance company on my behalf via electronic and by mail, however dental services NOT PAID by my insurance are my financial responsibility. I understand that if I have listed insurance information for my child and 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, then I assume all responsibility for payment of services received and understand that I will receive a bill from Tooth Protectors Inc. I understand that TPI has 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