

# CADOTT ELEMENTARY 2019-2020 BACK TO SCHOOL CHECK LIST



- SIGN UP VIA CLASS TAG FOR OPEN HOUSE TIME WITH INCOMING CLASS TEACHER (THIS WILL BE SENT OUT VIA EMAIL BY TEACHER)
- ANY CHANGES TO BUSING CONTACT KOBUSSEN AT 715- 861-1191
- ANY CHANGES TO ADDRESS, EMERGENCY CONTACT, FAMILY STRUCTURE OR PHONE NUMBER PLEASE CONTACT ELEMENTARY OFFICE 715-289-3795
- FOLLOWING INFORMATION WILL BE AVAILABLE ON OUR SCHOOL WEBSITE: <http://www.cadott.k12.wi.us/>

2019/20 SCHOOL CALENDAR

SCHOOL SUPPLY LIST

REGISTRATION FORMS (CAN FILL OUT BEFORE OR AT OPEN HOUSE)

- BRIGHT SMILES
- BACKPACK BUDDIES
- PARENT BACKGROUND/VOLUNTEER AGREEMENT
- PARENT VOLUNTEER OPTIONS
- FLOURIDE FORM
- BELL SCHEDULE
- HANDBOOK & CONTRACT
- ACCEPTABLE USE

CONTACT THE OFFICE:  
715-289-3795

SUMMER SCHOOL HOURS 8AM-2PM (WHILE IN SESSION)  
OFFICE HOURS IN AUGUST M-TH 8AM - 4PM

## Fluoride Mouthrinse Program

Dear Parent or Guardian,  
Chippewa County Department of Public Health is working with your child's school to offer all students the Fluoride Mouthrinse Program to help prevent tooth decay. This program consists of participants using a simple mouthrinse once a week, under the supervision of their school teacher.

Choose YES to your child having a healthy and happy smile.

-----  
Name of Child \_\_\_\_\_  
Birth Date \_\_\_\_\_ Grade \_\_\_\_\_  
Name of School \_\_\_\_\_  
Teacher \_\_\_\_\_

\_\_\_\_ I give permission for my child to participate in the Fluoride Mouthrinse Program for the 2019-2020 school year. Payment of \$4.00 is attached.

\_\_\_\_ I give permission for my child to participate in the program, but I am unable to pay the \$4.00 fee.

\_\_\_\_ I do not want my child to participate in the program.

\_\_\_\_\_  
Signature of Parent or Guardian

Date \_\_\_\_\_

Please complete & return this form to your school immediately. If you have any questions or concerns, please contact the Chippewa County Public Health Office.

## Fluoride Mouthrinse Program for Chippewa County Children



### Why is Fluoride important?

- Fluoride helps **prevent tooth decay** by making the tooth more resistant to acid attacks from bacteria and sugars.
- It also helps **reverse** tooth decay in children.
- It is most **crucial** in children ages **6 months to 16 years**.
- Fluoride treatment is not a replacement of daily teeth brushing and flossing, but in **addition** to.
- The program's solution used is **made** of 0.2% **neutral** sodium fluoride, and it is not swallowed.
- It is **safe and effective** for your child to take **fluoride mouthrinse & tablets** at the same time.

Chippewa County Department of Public Health

711 N Bridge St. • Room 121  
Chippewa Falls, WI 54729  
[health@co.chippewa.wi.us](mailto:health@co.chippewa.wi.us)  
(715) 726-7900 • 1-800-400-3678



## **Elementary School Times**

- Supervised Playground 7:45 a.m. – 8:00 a.m.**
- Breakfast in the Classrooms 8:00 a.m. – 8:15 a.m.**
- Classes begin 8:20 a.m.**
- End of school day 3:25 p.m.**



Driven by:

# BRIGHT SMILES



## Dental Sealant and Fluoride Oral Health Program

Mobile Dentistry Program License # 1-115 Program Permission Slip 2019-20

Child's Name: \_\_\_\_\_ Grade/Teacher: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_ School: \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

Email: \_\_\_\_\_ (Include city and zip)

I authorize Forward Health to be billed for billable services if my child has Forward Health.

I **DO** wish my child to participate or continue in the **Oral Health Program**

Additionally, for all **6<sup>th</sup> graders and up**, they will continue with this program at this school district until all 2<sup>nd</sup> molars are sealed or you contact us or check here

If you do not want your child in pictures/videos check this box

.....FILL OUT INFORMATION BELOW.

I do **NOT** wish my child to participate in the **Oral Health Program**.

.....DO NOT FILL out information below. Please return form.

Child's Sex: M or F Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Race: White \_\_\_\_\_ Black/African American \_\_\_\_\_ Asian \_\_\_\_\_ Unknown \_\_\_\_\_  
American Indian/Alaska Native \_\_\_\_\_ Native Hawaiian/Pacific Islander \_\_\_\_\_

Ethnicity: Hispanic \_\_\_\_\_ Non-Hispanic \_\_\_\_\_ Unknown \_\_\_\_\_

Dental Insurance: Uninsured \_\_\_\_\_ Private \_\_\_\_\_ Unknown \_\_\_\_\_ or  
Medicaid/Badger Care or Forward Health Card \_\_\_\_\_

Medical and Oral Health History	YES	NO
Do you have fluoride in your drinking water?		
Does your child have regular dental care?		
Name of Dentist:		
Does your child use medicine prescribed by a doctor?		
Name of medicine:		
Does your child have diabetes?		
Does your child have asthma? Use an inhaler?		
Does your child have any allergies? Allergic to:		
Does your child need or use more medical care than others the same age?		
Does your child have trouble doing things most children the same age can do?		
Does your child receive physical, occupational or speech therapy?		
Does your child receive counseling or treatment for behavioral or emotional problems?		
Has this problem lasted or is expected to last at least 12 months?		
Is there anything else we should know about the health of your child?		
Explain:		

All procedures will follow recommendations from the American Dental Association and Centers for Disease Control and Prevention's recommendations for school based dental sealant programs. If your child has dental needs, we may have a dental office that is one of our referrals call you to see if you need help in getting your child into the dentist.

# Bright Smiles Dental Sealant and Fluoride Oral Health Program

## What is Bright Smiles?

A nonprofit school based preventive dental health program funded by the Wisconsin Seal-A-Smile, a program of the Children's Health Alliance, and other community businesses. This is offered at no charge to you or the school. It is a comprehensive service including classroom education, dental screenings, teeth cleaning, dental sealant placement and fluoride varnish applications.

## Bright Smiles offering Oral Health Program:

### 1. Dental Sealants and Fluoride Varnish for Pre K through 12<sup>th</sup> Grade students:

Pre K through 1<sup>st</sup> grade students will receive the same as the 2<sup>nd</sup> through 12<sup>th</sup> graders but at this age in most cases they will not need sealants. If they have teeth to seal we may not seal all the teeth. We want to make this fun and easy. We will then try to seal the teeth we were not able to seal next year.

2<sup>nd</sup> through 12<sup>th</sup> grade students will receive an oral screening exam by a Registered Dental Hygienist, teeth cleaned and application of dental sealants to protect their teeth from cavities. They could also receive a fluoride varnish application 2-3 times per year. If they have teeth to seal and we were not able to seal all the teeth, we will then try to seal those teeth next year. We want to make this fun and easy. After 8<sup>th</sup> grade we will keep your child in the program until all 2<sup>nd</sup> molars are sealed unless we hear otherwise from you.

We would like to check the sealants a year later after they are placed because sometimes the sealants come off due to many reasons. We would like you to sign up your child every year to insure all sealants are placed. Every child is different when their teeth erupt enough to place the sealants. But if we do not receive a new form back we will keep them in the program until we hear otherwise from you.

## What are dental sealants?

- Dental sealants are thin plastic coatings that are applied to the grooves on the chewing surfaces of the back teeth to protect them from tooth decay. Most tooth decay in children and teens occurs on these surfaces. Sealants protect the chewing surfaces from tooth decay by keeping germs and food particles out of these grooves.
- Permanent molars are the most likely to benefit from sealants. The first molars usually come into the mouth when a child is about 6 years old. Second molars appear at about age 12 but may not appear until age 16. It is best if the sealant is applied soon after the teeth have erupted, before they have a chance to decay. Premolars and baby molars are sealed if there is a high risk of decay.
- Applying sealants does not require drilling or removing tooth structure. The process is short and easy. After the tooth is cleaned, a special gel is placed on the chewing surface for a few seconds. The tooth is then washed off and dried. Then, the sealant is painted on the tooth. The dentist or dental hygienist also may shine a light on the tooth to help harden the sealant. It takes about a minute for the sealant to form a protective shield.

## What is Fluoride Varnish?

Fluoride varnish is a protective coating that is painted on a child's teeth to prevent cavities. It dries instantly and only takes minutes to apply. The varnish releases fluoride over several months, which strengthens the outer layer of teeth and prevents decay. It can be painted on teeth that already have cavities. Fluoride can help stop cavities from getting bigger. The fluoride varnish will be reapplied every 2—4 months to maintain its effectiveness. The fluoride rinse and spit that is done at the school every week is different than the fluoride we will apply. We recommend doing both. Together they will help prevent cavities.

The treatment, which your child will receive in this program, is not intended to be an alternative to regular dental care. It is strongly recommended that you have a dental home for routine dental care including any follow up care which may be recommended after you child has completed this school based oral health program.

If you have questions about this program please contact: Also check out our Facebook and website pages.

Carol Newton, RDH, Program Coordinator- [BrightSmilesWI@gmail.com](mailto:BrightSmilesWI@gmail.com) -715-933-0065

[www.facebook.com/brightsmilesnonprofit](http://www.facebook.com/brightsmilesnonprofit)

[www.bright-smiles.org](http://www.bright-smiles.org)

Cadott Community Schools  
426 Myrtle St., Cadott, WI  
715-289-3795



Dear Parents/Guardians:

Your child(ren) can participate in a program called “**Backpack Buddies Nutrition On Weekends.**” This program **gives** your **child** a bag not of books, but of food. Each **Thursday**, or on the last day of classes in vacation-shortened **weeks**, your child will receive a bag to take home filled with nutritious food and snacks. Members of Come Now and Eat Community Table and **St. John’s Lutheran Church** as well as local volunteers pack bags and bring them to the school for children to **take home at the end** of the school week.

**Backpack Buddies** is intended to meet the nutritional needs of students in **grades 4K-12th** during non-school hours, **specifically** weekends. It targets students **who** would **benefit from** nutritious meals and might not otherwise have access to them. This program is available to students in **4K-12<sup>th</sup>** grades. To be eligible to receive a food bag, a student must be eligible for **free** or **reduced lunch**, **but all children** can apply. As your financial situation changes, you may **sign up** or **withdraw** from the program at any time.

**We will** do our best to ensure this program is confidential. Students **will not be identified** as participating. For Elementary students, **BPBNOW** bags will be placed in their backpacks each **Thursday**, with delivery beginning the end of **September**. **At the Junior/Senior High School**, **Mrs. Behnke** or **Mrs. Freitag** will put the sack of food into your child’s **locker** while students are in class for confidentiality purposes.

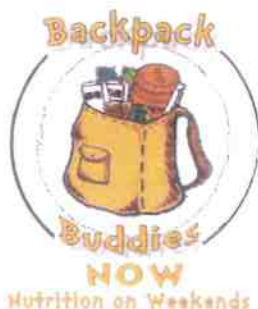
We need your permission for your child to participate. Please sign the enclosed permission form(s) and have your child return the form(s) to the Elementary or Junior/Senior High School Office. Please also talk to your child about this program so he or she will understand why they are bringing home a bag of food. Feel free to contact us with any questions about the program.

Sincerely,

Dena Manier  
Elementary Guidance Counselor

Sami Behnke & Clarissa Freitag  
Junior/Senior High Guidance Counselors

Cadott Community Schools  
426 Myrtle St., Cadott, WI  
715-289-3795



*In order to be eligible for the Backpack Buddies Nutrition on Weekends Program you must qualify for free or reduced lunch.*

I grant permission for my child to participate in this program.

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Disclaimer relative to food allergies:** Please note: If your child has a food allergy, it is **your responsibility** to screen donated food items to make sure they are safe for your child to eat. In a program this size, we cannot monitor every food product against possible allergens. If you have any concerns regarding this, perhaps it would be best for your child not to participate or for you to be present on distribution days to check the backpack before it goes home.

*Please return to the School Office or Student Services Office where your child/children attends.*



Dear Parents:

Cadott Community Schools and Kobussen Buses Ltd. are **excited** for the coming school year. The busing **procedures** will remain the same as in years **past**. The first year is under our belt **with** the transition to Kobussen and it is smooth sailing.

Please call the Kobussen number, 715-861-1191, with any permanent changes to your child's route.

Please call the Kobussen number, 715-861-1191, with any route issues, driver issues, or complaints from you child/children.

Please call the Kobussen number, 715-861-1191, when your child will not be riding in the morning. This is very important **for** us to know, please **call even if** it is last minute.

Meagan Sonnentag is your main contact for any changes to your bus routes.

Please contact Cadott Office, 715-289-3795, before 2:45pm **with any pick up/stay after requests**. Unless it is an emergency calls will not be **accepted after 2:45pm**.

Please **understand all of the bus rules** and school rules are **for everyone's safety**, especially the children. We **work together** to provide **the safest ride out there**. Our bus drivers **enjoy driving** and they deserve **respect from our children**, just as the children **respect the teachers** in the school, please help **encourage your children to do so**.

Thank you all and we look forward to the school year.

Meagan Sonnentag   Cadott Bus Dispatcher   715-861-1191   [Meagan.Sonnentag@Kobussen.com](mailto:Meagan.Sonnentag@Kobussen.com)

Please return the bottom portion with your response for the 2019/2020 school year.

Student Name	Bus Needed	Walk to School	Parent Transport

If alternate address is used, please fill out a calendar. Located at School Office.

Parent Signature

Date

---



## **Bus Rider Rules**

1. Stay seated, facing forward
2. Keep aisle clear
3. No eating or drinking (on routes)
4. Keep your hands to yourself (**NO FIGHTING**)
5. Use respectful voices/volume
6. All school rules apply

Please do not use any camera/cell phone camera on the bus, especially the flash.

Please do not call your parents to come get you in an emergency, the dispatcher and the school will do that. We cannot have parents showing up to pick you up; this is for the safety of you and the other students riding.

Please do not wear your cleats on the bus for any sport, they ruin the mat on the floor, it's a safety issue.

Please do not put any band instruments in the aisle, the aisle needs to be clear in case of emergency.

**CADOTT COMMUNITY SCHOOL DISTRICT  
VOLUNTEER AGREEMENT  
353 EXHIBIT**

I, as a volunteer working in the Cadott Community School District, fully understand that this position is, as stated, on a volunteer basis, which inherent in its meaning, entitles me to no pay or wages for my service from the Cadott Community School District. I further understand that I am expected to follow the rules of behavior that are expected of other staff as set by the professional agreement. I do understand that either the School District or the volunteer can terminate this volunteer agreement without notice at any time.

Please disclose all violations of law other than minor traffic violations. Failure to disclose all violations will result in immediate revocation of eligibility.

I have read and understand the volunteer agreement, and give permission to the Cadott Community School District to do a background check.

\_\_\_\_\_  
Name (Please print) include middle name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Previous Name/Maiden Name

\_\_\_\_\_  
Current Address, City/State/Zip

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Race

\_\_\_\_\_  
Driver's License State

\_\_\_\_\_  
Signature

\*PLEASE LEAVE THIS FORM WITH THE BUILDING SECRETARY\*

# Cadott Elementary Parent Volunteer List

Welcome to Cadott Elementary School. Please look over the various areas listed below where you can help in our school. Check the boxes next to the activity that you are interested in helping with. When an opportunity is available we will contact you. Be sure to provide your contact information below.

Thank you for your support!

- Help in the Library
- Help with Picture Day
- Help with Lunch/Recess Time
- Help in the Office
- Help a Teacher



Parent Name Printed \_\_\_\_\_

Student Name(s) Grade(s) Printed \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Best way to contact you? (Circle one)

E-mail            Home Phone            Work Phone            Cell Phone

E-mail Address: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

### **Other ways to help Cadott Elementary School:**

Did you know that our school gets money from Box Tops, Labels for Education, Kwik Trip Milk Moola caps, Target Red Card, and Coke Rewards? Collect as much as you can throughout the year and help us get money for our school.