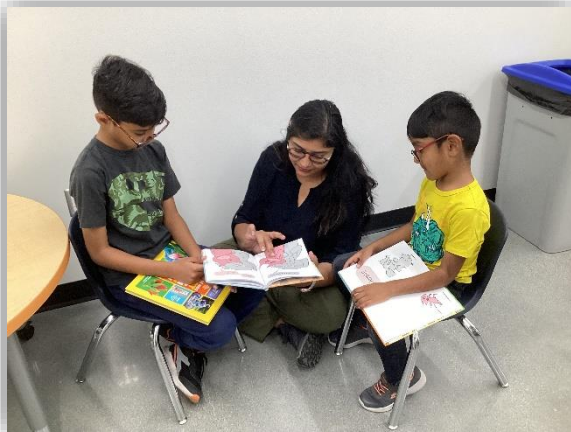


We are wishing you a lovely long weekend with family and friends! Happy Thanksgiving!



Reminder to families that we unfortunately do not have supervision available before and after school. Students should be in the care of their parent or guardian, we encourage students to arrive with their parent/guardian just a few minutes prior to the bell. Please also note, that the woodchip area is closed before school to allow for students to line up safely prior to the bell. After school, the area is closed for soccer until all classes have been fully dismissed.

**IMPORTANT SAFETY NOTICE REGARDING PICK UP AND DROP OFF ON SCHOOL STREET
October 11th-15th:**

Please note that next week, Tuesday October 11th-15th the sidewalk on School Street from the top campus roundabout to the corner of Richmond Street (the sidewalk adjacent to the school) will be closed to prepare for the installation of new sidewalks and curbs. The concrete for the curbs and sidewalks is scheduled to be poured on Saturday, October 15th. We recommend that families avoid dropping off/picking up on School Street next week. Please park a few blocks away and walk your child to the building, please enter the campus from the entrance off Richmond Street and walk past the playground to the building. If this is not possible, there will be a flagger stationed at the roundabout entrance to assist children and parents crossing from the opposite side of School Street. Thank you very much for your care and attention to this next week. We recognize that this will be inconvenient, however it is also an exciting step toward full completion of our rebuild project.

Bulletin Updates

MyEducation BC Family Portal

- The Family Portal will open October 12/22. Families will be receiving an email from sysadmin@myeducation.gov.bc.ca when their account is activated or re-enabled. Please check your junk folder in case you do not receive it in your inbox. If, by the morning of October 13th, you have not received this email you should contact the school office.
- Parents who already have accounts forget their password please select the “I forgot my password” link on the MyEd Login Screen to reset their password. If families are unable to reset their password please [contact the office](#), we can reset the password.
- [Family Portal Instructions-for Parents.pdf](#)
- [Family Portal Resetting Passwords.pdf](#)

Thanksgiving – Monday, October 11

- Our school is closed on this day

Student Photo Ordering

- If your family chooses to order photos, you are encouraged to order photos by Tuesday, October 11 (please note, if your child is having photos taken on Photo Retake Day, there will be a later photo order date)
- All orders will be delivered to the school approximately two weeks after the order date.

Student Photo Retakes

- Photo Retake Day: Thursday, November 3/22

PAC Meeting: Wednesday, October 26 – 7:00pm

Please see below information regarding the UBC dental program. Please contact with any question 604 777 6740

Family Reading in Division 18! – October 7th



We love books!





fraserhealth

Better health.
Best in health care.

UBC Dental Program

Dental Treatment for Children Ages 0-12 without Dental Coverage

Children may be eligible to receive free dental care with the UBC Children's Dental Program.

- Supervised UBC dental students provide dental exams and treatment
- A parent / caregiver must accompany their child to the appointments
- Appointments are Tuesday and Wednesday afternoons at: UBC, Noble Biocare Oral Health Centre. 2151 Wesbrook Mall UBC Campus, Vancouver.
- School bus transportation is available for families who need a ride to and from the UBC dental clinic.

If you are interested and would like more information, please call your local Health Unit.

Health Units with Dental Staff	Phone	Fax
Abbotsford Health Unit	604-864-3400	604-864-3410
Burnaby Health Unit	604-918-7605	604-918-7630
Chilliwack Health Unit (Hope, Agassiz)	604-702-4900	604-702-4901
Guildford Health Unit	604-587-4750	604-587-4777
Langley Health Unit (Cloverdale)	604-539-2900	604-514-8036
Maple Ridge Health Unit	604-476-7000	604-476-7077
Mission Health Unit	604-814-5500	604-814-5517
North Delta Health Unit (South Delta, Newton, White Rock)	604-507-5400	604-507-4617
North Surrey Health Unit	604-587-7900	604-582-4811
New Westminster Health Unit	604-777-6740	604-525-0878
TriCities Health Unit	604-949-7200	604-949-7265



I request that my son/daughter be registered in the Children's Dental Program to be held at UBC. I consent to my child receiving routine dental treatment. **I understand that treatment will be provided by a dental student ("dentist in training") under the supervision of a faculty member of UBC Faculty of Dentistry.** However, if the supervising faculty member feels that the treatment is beyond the scope of a dental student, my son/daughter will be referred for treatment to the UBC Graduate Specialty Program in Pediatric Dentistry. Treatment in the graduate program will be provided by a dentist who is taking extra training in children's dentistry. Fees will be charged for treatment in the graduate program and I must arrange transportation.

I understand that treatment may include x-rays, preventive procedures (teeth cleaning, fluoride treatment, dental sealants), silver fillings, silver caps, tooth coloured fillings, extractions (tooth pulling), root canals on baby teeth, and the use of local anaesthetic (freezing).

PLEASE PRINT

Child's Name:		Male <input type="checkbox"/>		Female <input type="checkbox"/>	
Last name		First name			
Address:		City:		Postal Code:	
Home Phone:	Email address:	Birthdate:		Age:	
		Year	Month	Day	
Name of parent or guardian:		Mother <input type="checkbox"/>		Father <input type="checkbox"/>	
Last name		First name			
Primary Contact Person:		Primary contact home phone or cell number :			
Family Doctor:	Dr's Phone:	Care Card #:			
Child's School:	Division:	Grade:			
Language Spoken at Home:	Translator:	Translator's Phone Number:			

Please describe your concern: _____

PLEASE COMPLETE THE FOLLOWING MEDICAL HISTORY FOR YOUR CHILD

- Has your child been a patient in a hospital during the past 2 years? If yes, please explain: Yes No
- Has your child been under the care of a physician during the past 2 years for other than regular, routine checkups? If yes, please explain: Yes No
- Has your child taken any kind of medicine or drugs during the past year? If yes, please explain: Yes No
- Does your child have any allergies? If yes, please explain: Yes No
- Does your child have any known heart disease? E.g. Heart murmur If yes, please explain: Yes No

6. Does your child have chest pain upon exertion? If yes, specify: Yes No
7. Is your child ever short of breath after mild exercise? If yes, specify: Yes No
8. Has your child ever been told his/her blood pressure is high or low? If yes, specify: Yes No
9. Has your child ever been told he/she has kidney disease? If yes, specify: Yes No
10. Has your child ever had hepatitis, jaundice or liver disease? If yes, specify: Yes No
11. Does your child have a blood disorder? E.g. anemia If yes, specify: Yes No
12. Has your child ever bled heavily after having a tooth removed? If yes, specify: Yes No
13. Does your child bruise or bleed easily? If yes, specify: Yes No
14. Has your child ever had an unexpected response to medicines or injections? E.g. local anaesthetic (freezing for dental work) If yes, specify: Yes No
15. Is there anything else you would like us to know about your child? Specify: Yes No

I declare that the information above is true and accurate to the best of my knowledge and that our family does not have any insurance or other coverage for necessary dental care. I also understand that my child's provincial Care Card number will be used to check his/her eligibility for the Healthy Kids Dental program. My family may be contacted for dental health counselling or for telephone follow-up.

Signature of Parent or Guardian

Date

Although UBC will make every effort to complete all treatment your child needs, any treatment not completed is the responsibility of the parent or guardian. Please go to your family dentist for completion of unfinished treatment.

Return Completed – Signed Form To:

Christina Inkster – CDA
Fraser Health Public Health Dental Program
11245 84th Ave.
Delta, BC V4C2L9
Phone: 604-507-5446
Fax: 604-507-4617
Chris.inkster@fraserhealth.ca