

CCMS Update

9/3/21



**CAMPBELL COUNTY
CAMELS**



Infinite Campus Parent Portal & Schoolology:

- If you haven't yet created an Infinite Campus Parent Portal account, you can do so by accessing the CC schools website, choosing the Parent drop down menu and selecting Infinite Campus Parent Portal. Once you're directed there, you can choose "new user" and create your account. You will need the 26-digit code that can be provided by office staff. After your parent portal account is created, a parent Schoolology code will populate. This can sometimes take 24 hours to populate. This code can be found in the IC parent portal, under the menu option, "MORE".

- To create a Schoolology account, go to www.campbellcountyschools.org and from the Parent tab dropdown menu, choose Schoolology parent resources. These resources can help you to create or trouble-shoot your parent Schoolology account.



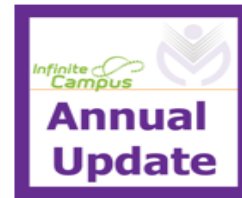
September is Attendance Awareness Month.

Parents, please make sure your students are getting a good night's sleep, eating a healthy breakfast and getting to school on time. We're aware that circumstances this year will change the way attendance will look but we really want to continue to send a positive message to our students that it's very important for their success to be here. September 23rd is high attendance day and we have put together an action-packed day for our students! We hope to see everyone here!

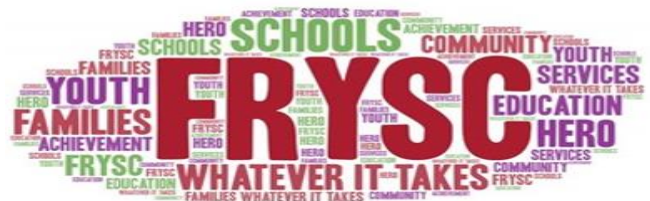
Quarantine will not count against your student's attendance.



To reach the office staff, use the email ccmsoffice@campbell.kyschools.us



It's time to update your contact information in Infinite Campus Parent Portal! Log-in to your Parent Portal account, choose the menu option "more", then "online enrollment" and "existing student" to verify and update your contact information.



Please click on the icon above to take our Youth Service Center survey. Thank you!



The CCMS choir concert dates are below: times will be announced later and will be between 5:45 and 7:30 pm.

November 18th-6th and 7th Grades
December 2nd-8th Grade March 15-6th, 7th and 8th Grades
May 5-6th, 7th and 8th Grades

YLD Community Club

Join us for the 2021-2022 school year for Virtual YLD Club!

Who: 6th-12th graders in Boone, Campbell, and Kenton County
When: Thursdays at 4-5pm
Sign up at: brightoncenter.com/yld

Meet new friends and enjoy:

- Fun Activities
- Community Service
- Team building games
- Leadership activities

Questions?
Please Contact

Becca Taylor
859-491-8303 ext. 2410
btaylor@brightoncenter.com

Dream Believe Achieve

Use this link to enroll:
<https://forms.gle/ZkEvifdLKooD6sbh9>



THIS FREE VIRTUAL CAMP

is designed for children and adolescents who have experienced the death of a loved one in the past 2 years.

It will provide children and teens the opportunity to connect with others around the state who have had a similar experience and cover topics such as normal reactions to loss, sharing experiences, and learning how to cope with difficult feelings. The camp will take place via Zoom and will be divided into age specific groups. Boxes of supplies will be delivered to participant's homes prior to the start date.

October 7–November 4, 2021 | Ages: 7–17
5 consecutive Thursdays



Mrs. Slone says that box tops could never be any easier. Please click on the link to check out the new way to count your box tops. This adds up and really helps the Youth Service Center serve students.

Register by September 23, 2021: bgcarenav.org/camp-hope

For more information or to register:

Northern and Central Kentucky: Holly Bender, 859.277.2700
Eastern Kentucky: Susan Houston, 855.492.0812



CCMS Backpack Program



Dear Parents,

If your student at CCMS is receiving free lunch, and your family needs help with food, then your student is eligible to participate in the Food Backpack Program.

This program is designed to help those families who are truly in need of food.

The identities of the children are kept as confidential as possible.

The "Backpack Meal" program is an outreach program from Christ Baptist Church in Cold Springs, Ky. If this is something you are interested in, we will provide a bag of "kid friendly" food for your student in their backpacks every Friday. Some items are individual soups, cheese crackers, small boxes of cereal, fruit cups, and granola bars. If you are in need of your student receiving these bags, please sign the permission slip below and return it back to school in the front office. If there are more families than we can serve, there will be an application process. Thank you!!

My child _____ has my permission to receive Backpack Meals either on Friday. I will check the bags each week to make sure there is nothing my child should not eat.

Parent Signature: _____

Date: _____

Name of teacher for student's last class of the day: _____



SAVE TIME!
Sign Up ONLINE at
www.schoolsmiles/student-signup
or call 1.855.497.6453



SCAN ME

A NEW FORM MUST BE COMPLETED EACH SCHOOL YEAR IF YOU WOULD LIKE YOUR CHILD TO PARTICIPATE

DENTAL SERVICES FOR ALL AT NO COST TO YOU*

*for Medicaid and Grant Approvals

FREE DENTAL SUPPLIES PROVIDED TO ALL IN THE PROGRAM!
SIGN UP TODAY

STEP 1	CHILD'S GENERAL INFORMATION	
	Child's Legal Name: _____	Birthdate: ____/____/____ (circle) M F
	Address: _____	City: _____ State: _____ Zip: _____
	School: _____	County: _____ Grade: _____
	Parent/Guardian Name: _____	Phone: (____) _____
	Child's SSN: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Classroom #: _____

STEP 2	PAYMENT INFORMATION: (please check) MEDICAID <input type="checkbox"/> PRIVATE INSURANCE <input type="checkbox"/> UNINSURED <input type="checkbox"/>		
	1. Medicaid Information: 10 or 12-digit ID # <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Managed Care Plan: _____	
	2. Private Insurance:	Name of DENTAL Insurance Company: _____ Ins. Phone: _____	
	Subscriber Name: _____	Subscriber DOB: ____/____/____	
	Subscriber ID: _____	Subscriber SSN: _____	
3. Uninsured Dental Options:			
<input type="checkbox"/> Self Pay Option: If you would like your child seen right away you have the option of paying the reduced \$49 fee which covers their cleaning, x-rays, fluoride, and exam. The \$49 must be paid before the child is seen via money order or calling (1.855.497.6453) to provide payment over the phone.			
<input type="checkbox"/> Grant Request Option: If you would like to be added to our waitlist for a grant please check this box. This is a first come first serve option.			

STEP 3	IMPORTANT HEALTH QUESTIONS:
	1. Does your child have any present medical conditions such as: heart issues, seizure disorders, allergies, etc? If yes, please list below. If NO, leave blank: _____

STEP 4	SIGNATURE REQUIRED
	I the Parent/Guardian _____ understand and give permission for School Smiles dentists to provide the following services on my child at school which includes: exam, x-rays, cleaning, fluoride, and sealants as needed for 6 month check-ups. I also give permission for my child to receive dental treatment as needed for follow up care in the form of restorative fillings and local anesthetic to numb the area. I understand and consent that during treatment it may be necessary to change or add procedures because of conditions found that were not discovered during the initial exam such as larger fillings or a pulpotomy (root canal on baby tooth). I understand if at any time my child needs a stainless steel crown or an extraction an additional consent will be required.
	FINANCIAL STATEMENT: please be aware that any treatment that is rendered may affect future benefits that your child will receive under private insurance, health insurance program, medicaid, and hoosier healthwise. A copy of the School Smiles HIPAA Privacy Notice is included on the back of this form, by signing I also understand that a copy of this will be provided at my child's appointment and an additional copy can be requested by calling 1.855.497.6453.
	By signing below you are consenting to routine dental cleanings as well as any necessary dental treatment for one school year:
<p>➔ Parent/Guardian Signature: _____ Date: _____</p> <p><small>If your child requires treatment outside of what can be provided by School Smiles, a referral will be provided to you.</small></p>	

Matt Moore, Principal, matt.moore@campbell.kyschools.us

Travis Arnold, Asst. Principal, 6th grade, travis.arnold@campbell.kyschools.us

Becky Detzel, Asst. Principal, 7th grade, becky.detzel@campbell.kyschools.us

Eric Blankenship, Asst. Principal, 8th grade, eric.blankenship@campbell.kyschools.us

Tonya Slone, Youth Service Center Coordinator, tonya.slone@campbell.kyschools.us