

# Welcome to AMPM's Mini Mules!

Mini Mules is Lone Jack's AMPM Program class for our preschool and pre-k students. While at Mini Mules, your child will have the opportunity to play and interact with their peers through activities that include story time, table time, outside/gym play, screen time, and learning center time. There will also be a quiet/rest time following lunch for students in the AM classes.

## Mini Mules Hours:

6:00 AM - 6:00 PM

Students will be in the Mini Mules class before and after their preschool and pre-k class times.

\*Mini Mules will be open for full day care (6AM-6PM) on MOST no-school days. A schedule of OPEN/CLOSE days is provided in this packet. Mini Mules is also open on most snow days and late start days, weather permitting. The full day and snow day policies can be found in the Lone Jack's AMPM Program handbook.

The entrance is located on the east side of the building at the circle drive, door number 9. You will ring the bell and a staff member will buzz you in. You will enter through the first classroom door on the right, room number 8.

## Pricing:

Mini Mules has three different enrollment options: Full Time, Part Time and Drop In. Please see the attached form for tuition charges. Charges are weekly flat rates. Students must be signed up for one of the enrollment options.

## ChildWatch:

Attendance will be recorded through our online ChildWatch sign in/sign out system as well as on paper. Each morning and/or afternoon you will sign your child in/out on a Chromebook kiosk located in the Mini Mules room with an ID/Password you will be given once enrolled. You will be able

to log onto the ChildWatch parent portal to view your statement and balance at any time. **Payment will then need to be made weekly or bi-weekly.** Payments can be made by cash, check or online through the school district's Mule Money Revtrak system, which can be found at [lonejackc6.net](http://lonejackc6.net).

### **Meals:**

**Breakfast** is served between 7:00 AM and 7:30 AM and will be provided by the school's kitchen on regular school days, or your student is welcome to bring breakfast from home. At the beginning of each week, we will ask for a head count for breakfast to send to the kitchen. A breakfast menu will be posted in the classroom. **No breakfast will be served after 7:30 AM, due to transition time into preschool and pre-k.**

**Lunch** is served at 11:00 AM and will be provided by the school's kitchen on regular school days, or your student is welcome to bring lunch from home. At the beginning of each week, we will ask for a head count for lunches to send to the kitchen. A lunch menu will be posted in the classroom.

**Snack** is served at 2:40 PM. A two-week rotation snack calendar will be posted in the classroom.

**When school is not in session, but Mini Mules is open for a full day, students must bring their lunch from home.** The school's kitchen does not operate on no-school days. A small morning and afternoon snack will still be served on these days.

Thank you for your interest in Lone Jack's AMPM Program. We look forward to seeing familiar faces and welcoming new ones!

Jess Laudenslager  
AMPM Program Director  
[jshaw@lonejackc6.net](mailto:jshaw@lonejackc6.net)  
816.697.3539

Jaymie Fender  
Mini Mules Lead Teacher  
[jfender@lonejackc6.net](mailto:jfender@lonejackc6.net)

Application for Mini Mules

Child's Name \_\_\_\_\_ Grade for 2020/21- \_\_\_\_\_  
Address: \_\_\_\_\_  
Birth Date: \_\_\_\_\_ Sex: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

Mother or Guardian Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Work Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_  
Email: \_\_\_\_\_

Father or Guardian Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Work Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_  
Email: \_\_\_\_\_

Persons authorized to pick up and drop off your child:  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Mini Mules has three different enrollment options. Students must be signed up for one of the below enrollment options.

- \_\_\_\_\_ Full Time (4-5 days)
- \_\_\_\_\_ Part Time (2-3 days)
- \_\_\_\_\_ Drop-in Care (No more than 4 days/month)

Please indicate what days of the week your student will be attending.

M\_\_ T\_\_ W\_\_ TH\_\_ F\_\_  
Schedule may vary \_\_\_\_\_

Summer Camp (May 18th-Aug. 14th)\_\_\_\_  
School Year\_\_\_\_  
Both\_\_\_\_

Start Date \_\_\_\_\_ (\*must be 3 years old and fully potty trained before attending)

Please provide notice one week prior if you need to change to a different enrollment option. A 20% discount is given to additional children enrolled in the AMPM Program.

Payments are due weekly or bi-weekly. Check, cash and online payments are accepted. Online payments can be made via the district website <https://lonejackc6.revtrak.net/tek9.asp>

Emergency Health Form

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relative or friend to notify in an emergency if parents cannot be reached:  
Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Health Concerns: (Please check all that apply and list any health information needed to care for your child.)

Medical Conditions or chronic illnesses:

Asthma: Yes \_\_\_ No \_\_\_  
Diabetes: Yes \_\_\_ No \_\_\_  
Seizures: Yes \_\_\_ No \_\_\_  
Heart Problems: Yes \_\_\_ No \_\_\_

Allergies/Sensitivities to:

Medications: Yes \_\_\_ No \_\_\_ If yes, please list \_\_\_\_\_  
Foods: Yes \_\_\_ No \_\_\_ If yes, please list \_\_\_\_\_  
Insect Bites: Yes \_\_\_ No \_\_\_ If yes, please list \_\_\_\_\_  
Other: Yes \_\_\_ No \_\_\_

Any additional health information not listed above: \_\_\_\_\_

Please list any daily medications your child takes: \_\_\_\_\_

**\*\*An additional medication form will need to be filled out if medication needs to be given during program hours. Please request this form from the Director.\*\***

In the event that my child is injured or becomes ill and/or needs medical attention for any reason whatsoever, and I cannot be contacted, this will serve as my request and authority for the Director to call a private ambulance service for the purpose of conveying my child to the hospital, doctor, or the proper medical facility and that I authorize any/all medical treatment to be provided to my child. I request my child be taken to \_\_\_\_\_ hospital and/or Dr. \_\_\_\_\_, or to any medical facility deemed necessary. I fully understand that I shall be responsible for all costs of the ambulance service, medical care and/or treatment provided to my child.

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

\_\_\_\_\_  
Date