



Welcome to Toddlers at TLC Merrick Avenue 2025-2026



Dear Toddler Parents,

First we would like to thank you for allowing us to have the privilege to care for your precious toddler and to do many fun and exciting activities with him/her this school year.

Hi! My name is Alex. I have been working at TLC for 7 years now and have been the head teacher in Toddlers for 4 years. I have recently earned my CDA and look forward to using everything I have learned to make this an amazing year. I love watching each child thrive, learn, and have fun every day!

On a daily basis, we will engage in activities such as arts and crafts, circle time, and many other fun activities. Our circle time will consist of reading some books, singing songs, and puppet play. We would like to start this year off by learning our colors, and then introducing letters and numbers. We like to do sensory activities one to two times per week. We will do multiple crafts each week revolving around the theme(s) of the month.

In preparing for the school year, please do the following:

- Please fill out all forms and return the first day you return in September.
- Please have all supplies including family photos and the photos of your child.
- PLEASE LABEL EVERYTHING ! If it is not, we can NOT accept.
- Please take cups home a daily basis to be washed and returned the following day.
- Tissues and Clorex wipes do not need to be labeled as they will be shared.
- Please send in an alternative for your child for lunch if you know there is something they will not eat such as a microwaveable mac-n-cheese or chicken nuggets.

We are looking forward to a great school year with many fun, new, and exciting activities!

Sincerely,

Miss Alex



Merrick Avenue Toddler Supply List

- ☐ **Diapers, Wipes, and Ointment**
- ☐ **Water Bottle**
- ☐ **Sheet for Mat (crib size) and Blanket**
- ☐ **1 Box of Tissues**
- ☐ **3 Bottles of antibacterial soap**
- ☐ **Backpack**
- ☐ **6 Packages of Refillable Wipes (separate from
diaper changes)**
- ☐ **5 Recent Pictures of Your Child**
- ☐ **1 Family Photo (including pets)**

Clothing

Please send 2 changes of clothes (2 pants/shorts, 2 shirts, 2 socks).

Sheets and Blankets

Sheets and blankets are sent home every Friday (or the last day your child attends) to be washed and returned on Monday.

Lunch

Please review the weekly lunch menu. If your child will not eat the lunch served on a particular day, please send in an alternative.

Labeling

PLEASE LABEL ALL ITEMS WITH FIRST AND LAST NAME except for Clorox wipes, hand and face wipes, and tissues.



TLC Daycare

Napping Plan for Infants Over 1 Year

Today's Date _____

Child's Name _____ Date of Birth _____

How many hours does your child nap during the day? _____

How many times a day? _____

How many hours does your child sleep at night? _____

Does your child sleep in a crib? _____ Other? _____

Special Instructions or requests? _____

Does your child use a pacifier? _____

I prefer my child to sleep (Circle One)

On a Mat

In a Pack-N-Play

All Sheets and Blankets MUST be labeled with your child's first and last name and will be sent home every Friday for cleaning.

I will inform TLC if there are any changes that need to be made to this plan for my child.

Parent Signature _____ TLC Staff _____

According to regulations, sleeping and napping arrangements must be made in writing between the parent and the program. Such arrangements shall include the area of the program where children will nap; whether the child will nap in a crib, cot or mat; how napping child is supervised, consistent with the requirements of OCFS.



TLC Daycare Feeding Plan for Infants Over 1 Year

Today's Date _____

Child's Name _____ Date of Birth _____

My child is using a (Circle One) Bottle Cup Both

My child has (Please Circle) Breast Milk Formula Milk

For formula: Type of formula _____

For milk: Type of milk _____

_____ oz bottles/cups are given every _____ hours.

Comments: _____

Solid and Mushy Foods: Please give an overview of your child's "typical" feeding schedule:

Meal	Time	Food/Drinks
Breakfast	_____	_____
Snack	_____	_____
Lunch	_____	_____
Snack	_____	_____

Comments: _____

ALLERGIES: Please list any dietary instructions/restrictions: _____

All cups, bottles, and utensils must be labeled with your child's first and last name. Powdered formula must be mixed at home and ready to use. Please label all formula, milk, and juice with your child's name and the date.

I will inform TLC if there are any changes that need to be made to this plan for my child.

Parent Signature _____ TLC Staff _____