



**Welcome to
Infant 2 at
Merrick Avenue
2024-2025**



Dear Parents,

Hi, my name is Monique Barthole, and I am proud to say that I have been with TLC since its inception in 2000! I am a mother of two and grandmother of two. I am CPR and First Aid certified.

My name is Anahit Petrosyan - you may call me Miss Ana. I first began work as an assistant teacher at TLC in 2018. My son David attended the Pre-k program. I loved it so much I decided to join the team! I have my Bachelor's Degree in Jazz Vocals and am a skilled dress and cake designer. My love for children has brought me to TLC where my own children are cared for. My daughter Emily is in the Toddler program. I look forward to caring for your child! I am CPR and First Aid certified.

We want to thank you for letting us have the privilege to care for your precious baby and do many fun and exciting things with them this school year.

We are very specific about how we care for your baby and welcome any information you can give such as their eating and sleeping schedule, likes and dislikes. Your baby is going to learn and grow so much in the next few months and we're so happy to share this time with you!

Our agenda for the day includes tummy time, practice rolling and crawling, puppet play, building with soft blocks, reading and singing, as well as meeting your child's individual basic needs such as feeding, diaper changing, and napping. Crafts will be on a weekly or day-to-day basis. They will include finger painting, hand prints, foot prints, and much more. We will do sensory activities a few times a month. Sensory will be water play (in buckets), whipped cream fun (unless milk allergy), and on snowy days, we will play with some snow.

We will have additional staff/floaters working beside us and help as needed.

We are looking forward to a great year!

Sincerely,

Miss Monique and Miss Ana



Merrick Avenue Infant 2 Supply List

- ☐ 3- Changes of Clothes including Socks and Onesies
 - ☐ 1- Portable Crib Sheet (to be sent home for cleaning on Fridays)
 - ☐ 1- Sleep Sack and/or Light Blanket (to be sent home for cleaning on Fridays)
 - ☐ Sleeve of Diapers
 - ☐ 2-Package of Wipes (one for diaper changes, one to wipe hands)
- Diaper Ointment- please complete the **Non-Medication Consent Form** located at www.tlcmerrick.com/forms
- Please Label the following with stickers- first and last name. (Labels or Daddy's Labels are good)
- ☐ Bottles/Sippy Cups (Sent Home Daily to Sterilize)
 - ☐ Pacifiers if Needed (Sent Home Daily to Sterilize)
 - ☐ If on solid food:
 - ☐ Spoons
 - ☐ Measuring Spoon
 - ☐ Bowls
 - ☐ Cereal (Label and Date)
 - ☐ Jar Food (Label and Date)
 - ☐ Suggested Items:
 - ☐ Boppy Pillow
 - ☐ Teethers

Additional Items:

- ☐ 2-Boxes of Tissues
- ☐ 2-Containers of Disinfecting Wipes

Bouncy Seat

**If your child takes formula, it must be already made with a label (masking tape/post-it) stating the date and your child's first and last name. As per Nassau County Health Department, we cannot mix powder formula. **

PLEASE LABEL ALL ITEMS WITH FIRST AND LAST NAME.



TLC Daycare

Napping Plan for Infants Under 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? _____

For Babies Over 9 Months:

I prefer my child to sleep in a (Circle One) Crib Pack-N-Play

Why? _____

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 _____



TLC Daycare

Feeding Plan for Infants Under 1 Year

Today's Date _____

Child's Name _____ Date of Birth _____

Bottles:

My child takes (Circle One) Breast Milk Formula

For formula: Type of formula _____

_____ oz bottles are given every _____ hours.

Comments: _____

Mushy Foods (Please circle all that apply):

Not Applicable Rice Oatmeal Barley Mixed Cereal

Any reactions? _____

Applesauce Pear Peach Carrot Sweet Potato Peas Beans Other: _____

Any reactions? _____

Please give an overview of your child's typical feeding schedule:

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 _____