
Welcome
to
NURSERY
2026-2027
THROUGH PLAY
TLC
TEACHING
LITTLE CHILDREN
TLC Merrick Ave
DREAM
LEARN

Welcome to Nursery!

Dear Parents,

Welcome to Nursery! We're so happy to be your teachers this year! We're looking forward to getting the school year underway and have many fun and exciting things planned throughout the year!

Miss Theresa
My name is Miss Theresa, and I have been with TLC for 25 years, since the very beginning. I am a mother to an 19-year-old son named Joseph, who has also worked part-time at this preschool. He is now away at college. I enjoy working with children and am looking forward to this upcoming year. I am CPR and First Aid certified.

Miss Gianna
Hi! My name is Miss Gianna, and I'm so excited to be back at TLC! I previously taught Nursery as a Head Teacher at TLC Brookside for three years. I've always loved working with children and being able to help them learn, grow, and develop their own little personalities!

I love making the classroom a fun, energetic, and comfortable place where children can truly be themselves and enjoy coming to school every day. My top priority is to provide your child with lots of attention, affection, fun, and, of course, TLC! I'm really looking forward to meeting everyone and having a great year!

On a daily basis, we will have circle time, which will include reading books, singing songs, and going over our colors, shapes, weather, calendar, etc. We would like to start off the year by introducing letters and numbers. We will have many centers available each day and would like to have sensory play one to two times a week.

We will also include activities to help develop:

- Fine motor skills
- Gross motor skills
- Cognitive development
- Language skills
- Social and emotional development
- Self-care
- Personal responsibility

In Preparing for the School Year, Please Do the Following:

- Please fill out all forms and return them as soon as possible.
- Please send in all supplies, including family photos and photos of your child.
- PLEASE LABEL EVERYTHING! If an item is not labeled, we cannot accept it.
- Please take your child's cup home daily to be washed and return it the following day.
- Tissues and Clorox wipes do not need to be labeled, as they will be shared.
- Please send an alternative lunch option for your child if you know there is something they will not eat, such as microwaveable mac and cheese or chicken nuggets.

If you would like to check in on your child throughout the day, we ask that you please call between 1:00 and 2:00 PM, which is when the children are napping.

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

Please feel free to text me at the number listed below if you have any questions. You can contact us through the TLC number at 516-378-3890 (#4), or Theresa can be reached by text at 516-852-1138.

Sincerely,
Miss Theresa & Miss Gianna

Nursery Supply List

PLEASE LABEL ALL ITEMS WITH YOUR CHILD'S FIRST AND LAST NAME.

- [ ] Diapers/pull-ups and wipes (2 packs) — unless potty trained
- [ ] Sippy cup — labeled and filled with water and ice daily
- [ ] Sheet for mat — must be crib size
- [ ] Blanket
- [ ] Rubber-soled slippers — search "daycare slippers" on Amazon
- [ ] Tissues — 3 rectangular boxes
- [ ] 2 bottles of antibacterial soap
- [ ] Large backpack
- [ ] 1 spiral notebook
- [ ] 1 box of sandwich-sized Ziploc bags
- [ ] 1 box of gallon-sized Ziploc bags
- [ ] 4 packs of refillable baby wipes — separate from diaper wipes
- [ ] 5 recent pictures of your child
- [ ] 1 family photo, including pets (photos can be separate, and I will put them together)
- [ ] Clear SHOEBOX plastic container to hold:
    - 2 changes of pants
    - 2 changes of shirts
    - 2 changes of socks
    - 2 changes of underwear, if potty trained

ALL ITEMS MUST BE LABELED WITH YOUR CHILD'S FIRST AND LAST NAME. (Most items will be shared among the children.)

Mabel's Labels is a great company for labeling your child's items.

Parent Questionnaire

Child's Name: _____

Birthdate: _____

FAMILY

Names of Brothers & Sisters: Birthdate:

_____

_____

_____

_____

Names of Others Living in the Home: Relationship to Child:

_____

_____

_____

_____

Any Pets: YES / NO

If yes, what are they and what are their names?

_____

_____

FOOD

Describe your child's appetite: _____

_____

Foods your child likes and dislikes: _____

_____

Does your child feed him/herself? YES / NO

Foo Allergies: YES / NO

If yes, please list: _____

Parent Questionnaire (Continued)

SLEEP

Describe your child's nap routine (time and length): _____

_____

_____

SOCIAL/EMOTIONAL DEVELOPMENT

Does your child separate easily from you? YES / NO

Any comments: _____

Is your child afraid of anything? YES / NO

Any comments: _____

Does your child have a favorite toy, blanket, or soother? YES / NO

Identify: _____

Please provide any other information relating to your child that would be helpful in understanding and caring for your child: _____

_____

_____

HOURS/DAYS YOUR CHILD WILL BE ATTENDING TLC

From: _____ to: _____

Days attending:

□ Monday □ Tuesday □ Wednesday □ Thursday □ Friday

Parent Signature: _____

Date: _____

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 _____

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.