



**Welcome to  
Infant 2 at  
Merrick Avenue  
2021-2022**



Dear Parents,

Hi, my name is Monique Barthole and I have been with TLC since 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.

If you have any questions, please feel free to call or text our Director, Francina Cerrone at 516-659-2247.

We are looking forward to a great year!

Sincerely,

Miss Monique and Miss Ana



# Merrick Avenue Infant 2 Supply List

Please Label the following with Sharpie- First and Last Name.

- 3- Changes of Clothes including Socks and Onesies
- 1- Portable Crib Sheet (to be sent home for cleaning on Fridays)
- 1- 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](http://www.tlcmerrick.com/forms)

Please Label the following with stickers- first and last name. (Mabels 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)

Additional Items:

- 1-Box of Tissues
- 1-Container of Disinfecting Wipes

Suggested Items:

- Boppy Pillow
- Teethers
- 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. \*\*



# 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:

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Please list any dietary instructions/restrictions:

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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 \_\_\_\_\_