Welcome to

INFANT 2

2026-2027

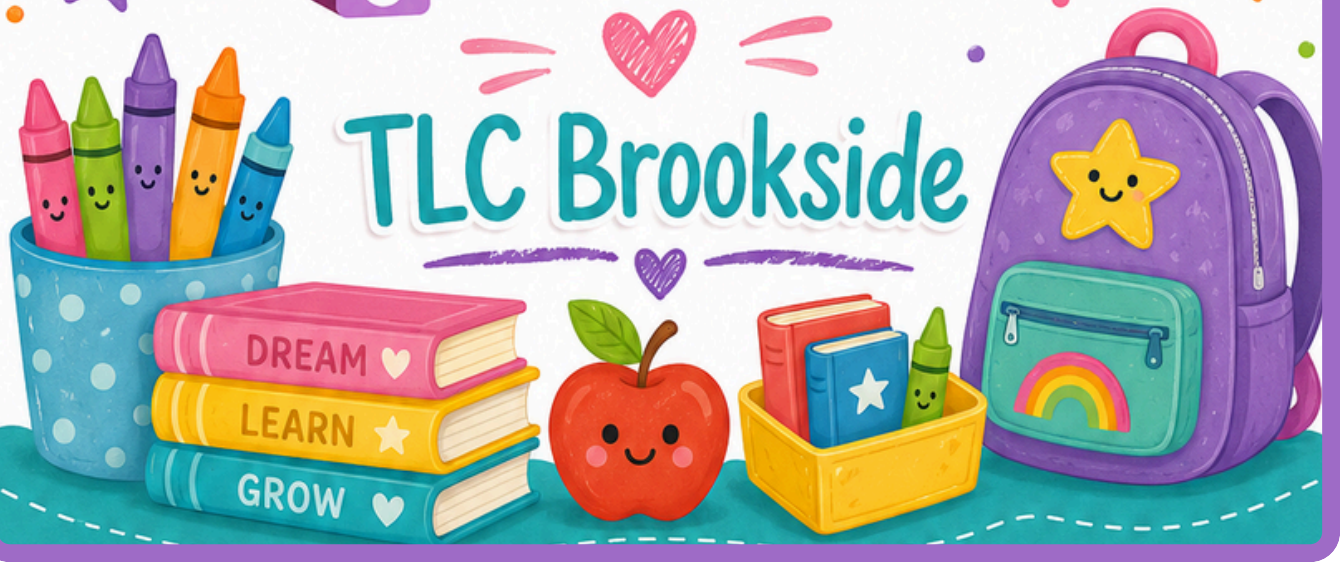
THROUGH PLAY

TLC

TEACHING

LITTLE CHILDREN

TLC Brookside



Meet the Teachers

Dear Parents,

Welcome to our Infant 2 class!

Miss. Sigi
Hi! My name is Sigita, but you can call me Miss Sigi. I joined TLC in January 2026, but I have many years of experience in childcare. I currently care for infants, which brings me so much joy. I understand the importance of creating a safe, loving, and nurturing environment for every child.

Miss. Johanna
Hi! My name is Johanna, and I have been part of the TLC family for six years. During my time at TLC, I have attended many training sessions to ensure your child receives the very best care.

We want to thank you for the privilege of caring for your child this school year. We look forward to sharing many fun, exciting, and memorable experiences together. We take great care in meeting each baby's individual needs and welcome any information you can share, such as your child's eating and sleeping schedule, likes, dislikes, and anything else that will help us provide the best care possible.

Your child will learn and grow so much over the coming months, and we are honored to be part of this special time in their life.

To help keep you connected throughout the day, our classroom uses Procare, a live online communication app where you'll receive updates on diaper changes, naps, meals, and photos of your child's day. The app also includes a chat feature so you can easily reach us when needed. Once you have downloaded the app, we will add you and your child to our classroom.

In addition to the two of us, we also have wonderful support staff and floaters who assist in our classroom as needed.

We are looking forward to an amazing year with you and your little one!

Sincerely,
Miss Sigi
Miss Johanna

Brookside Infant 2 Supply List

Please bring the following items on your child's first day. Be sure that everything is labeled with your child's first and last name.

- [ ] 3 changes of clothes (including socks)
- [ ] 1 portable crib sheet (sent home every Friday for laundering) plus 1 extra sheet
- [ ] 1 sleep sack and/or lightweight blanket, if needed (sent home every Friday for laundering)
- [ ] 1 sleeve of diapers
- [ ] 2 packages of wipes (1 for diaper changes and 1 for wiping hands)
- [ ] Diaper cream (with a completed parental consent form)
- [ ] Bibs
- [ ] Bottles and/or sippy cups (no glass bottles; sent home daily)
- [ ] Pacifier (if needed)
- [ ] Plates and utensils (spoon and/or fork)

If your child drinks formula:

- Bottles must arrive already prepared and labeled with your child's first and last name and the date (using masking tape or a sticky note).

Per Nassau County Health Department regulations, we are not permitted to mix powdered formula.

If your child is eating solid foods:

- [ ] Cereal (labeled and dated)
- [ ] Baby food jars and/or pouches (labeled and dated)

Meals

Lunch and snacks are provided by the school. However, you are welcome to send your child with their own food if you prefer.

Please make sure every item is labeled with your child's first and last name.

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.