Welcome to

INFANT 1

2026-2027

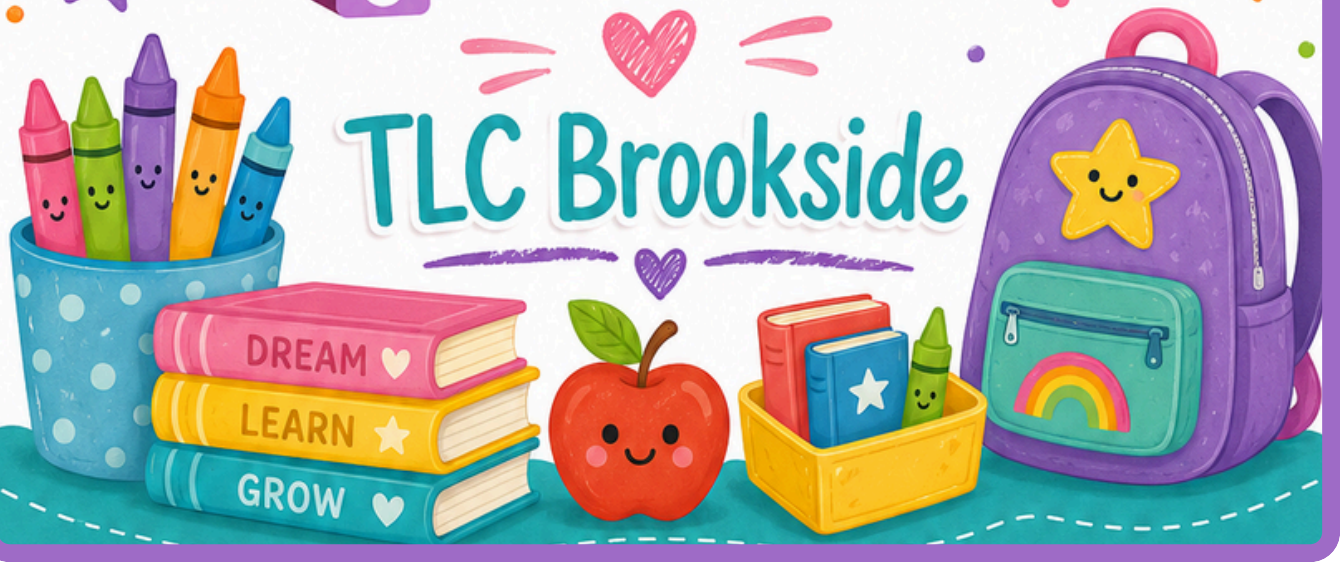
THROUGH PLAY

TLC

TEACHING

LITTLE CHILDREN

TLC Brookside



Welcome to Infant 1!

Dear Parents,

Welcome to the Infant 1 class at TLC! Here at TLC Day Care, our goal is to provide a positive learning environment for your child that enhances their development.

Through play experiences and the guidance of our specially trained staff, your child will be exposed to experiences that stimulate:

- Curiosity, initiative, and independence
- Physical activity that develops gross motor skills
- Fine motor development

We believe that children learn through play, and we encourage them to explore, create, and engage with the world around them in a safe, nurturing environment.

Meet Your Teachers

All of our teachers are well-trained, qualified, and love what they do! This year, your child's teachers are:

- Miss Mehreen
- Miss Rabia
- Miss Kathy

Communication & The Procare App

We will be using the Procare app throughout the day to keep you updated on your child's day. If you do not have the app already, please let us know so that one of the teachers can help you download it.

The Procare app will also include information about any supplies your child needs. We ask that you please make sure all of your child's belongings are clearly labeled with their name.

Please take a few moments to familiarize yourself with our website at **www.tlcmerrick.com**. There, you will find our policies, important forms, calendars, menus, and other important information.

If you have any questions, please do not hesitate to contact me by text or email at 516-659-2247 or tlcmerrick@verizon.net.

Sincerely,
Francina Cerrone
Director/Owner
TLC Day Care

Brookside Infant 1 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- Sleep Sack (to be sent home for cleaning on Fridays)
- [ ] Sleeve of Diapers- Labeled with First and Last Name
- [ ] 2-Package of Wipes (one for diaper changes, one to wipe hands)
- [ ] Diaper Oinment- please complete the **Non-Medication Consent Form** located at www.tlcmerrick.com/forms

Please Label the Following with Stickers- First and Last Name (Mabel's Labels or Daddy's Labels are Great)

- [ ] Bottles/Sippy Cups (Sent Home Daily to Sterilize)
- [ ] Pacifiers if Needed (Sent Home Daily to Sterilize)

If on solid food:

- [ ] Spoons
- [ ] Bowls
- [ ] Cereal (Label and Date)
- [ ] Jar Food (Label and Date)

Suggested Items:

- [ ] Teethers

Additional Items:

- [ ] 1-Box of Tissues (to be shared with class and may need to be replenished throughout the year)
- [ ] 1-Container of Disinfecting Wipes

**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. **

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 _____

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 _____