
Welcome
to
INFANT 2
2026-2027
THROUGH PLAY
TLC
TEACHING
LITTLE CHILDREN
TLC Merrick Ave
DREAM
LEARN

Dear Parents,

Miss Monique
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 a grandmother of two. I am also CPR and First Aid certified.

Miss Ana
My name is Anahit Petrosyan, but you may call me Miss Ana. I joined TLC in 2018 and have experience working with children of all ages. I currently care for infants and toddlers, which brings me so much joy. I hold a BA in Jazz Vocals and am CPR and First Aid certified. As a mom of two, I understand the importance of creating a safe, loving, and nurturing environment for every child.

We want to thank you for giving us the privilege of caring for your precious baby and sharing so many fun and exciting experiences with them throughout the school year. We are very intentional about how we care for each baby and welcome any information you can share with us, including their eating and sleeping schedules, likes, dislikes, and individual routines.

Your baby is going to learn and grow so much over the next few months, and we are so happy to share this special time with you!
Our daily activities will include tummy time, practicing rolling and crawling, puppet play, building with soft blocks, reading, and singing. We will also focus on meeting your child's individual needs, including feeding, diapering, and napping.

Crafts will be offered on a weekly or as-needed basis and may include finger painting, handprints, footprints, and much more. We will also enjoy sensory activities a few times each month, including water play with buckets, whipped cream fun (unless your child has a milk allergy), and even playing with snow on snowy days!

We will also have additional staff and floaters working alongside us to provide extra support and assistance as needed.

We are looking forward to a wonderful school year filled with learning, growing, laughter, and lots of love!

Sincerely,
Miss Monique & 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- 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. *(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
- [ ] Bowls
- [ ] Cereal (Label and Date)
- [ ] Jar Food (Label and Date)

Additional Items:

- [ ] 2-Boxes of Tissues
- [ ] 2-Containers of Disinfecting Wipes

Suggested Items:

- [ ] Boppy Pillow (If needed- we also have one at TLC)
- [ ] Teethers

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:

_____

_____

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 _____