

# Welcome to Infant 2

Welcome to our Infant 2 Class! We would like to introduce ourselves as your child's teacher.

Hi! My name is Mehreen, and I have been a part of the TLC family for 10 years. I am a mother myself, and I have more than 20 years experience working with children. In addition, I am both CDA, CPR and First Aid certified. Aside fro

Hello! My name is Johanna, and I have been part of the TLC family for 5 years. Since working at TLC, I have attended multiple training sessions to ensure that your child is in the best care!

To ensure consistent communication, our class uses the app **Procare**- a live online portal for diaper changes, naps, meals, and photos of our fun filled days. The app offers a chat feature, so you can reach out to us when needed. Once the app is downloaded, we can add you and your child's profile to our class.

In addition to the two of us, we will have additional staff/floaters working beside us and help as needed!

If you have any questions, feel free to contact our director, Francina Cerrone.

We are looking forward to a great year ahead!!



# Infant Supply List

Please bring the following items and make sure **everything is labeled** (use sharpie):

- Diapers
- Wipes
- Diaper cream (parent consent form)
- 3 changes of clothes
- Portable crib sheets
- Bibs



Use Sticker labels with first and last name on the following:

- Bottle/ Sippy Cups
- Pacifiers
- Plates & Utensils (Spoons and/or forks)

Bottles should also be dated with post-it notes or masking tape

## NO GLASS BOTTLE

Solid food: (label and date)

- Jar food
- Pouch

It is optional to bring other snacks incase your child does not like the lunch  
for the day

## TLC Feeding plan for Infants over 1 year

Child's Name \_\_\_\_\_



Date of Birth \_\_\_\_\_

Today's date \_\_\_\_\_

My child is using a-

Bottle

Cup

Both

My child has-

breast milk

formula- type of formula \_\_\_\_\_

milk- type of milk \_\_\_\_\_

\_\_\_\_\_ oz. bottles/cups are given every \_\_\_\_\_ hours

Water

Juice-type of juice/s \_\_\_\_\_

Comments: \_\_\_\_\_

Solid and Mushy foods:

My child's "typical" feeding schedule-

Meal	Time	Foods/Drinks
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Breakfast	_____	_____
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Snack	_____	_____
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Lunch	_____	_____
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Snack	_____	_____
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Comments: \_\_\_\_\_

**Allergies:** \_\_\_\_\_

Special dietary instructions/restrictions- \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

All cups, bottles, and utensils MUST be labeled with child's full name.  
Powdered formula must be mixed at home and ready to use. Please label all  
formula, milk and juice with child's name and expiration date.

I will inform TLC staff if there are any changes that need to be made to this  
plan for my child.

Parent Signature \_\_\_\_\_ TLC Staff \_\_\_\_\_

Date \_\_\_\_\_

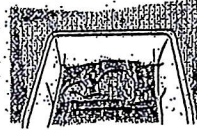


## TLC Napping Plan for infants over 1 year

Child's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Today's date \_\_\_\_\_



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 sleep on their back, tummy, or side? \_\_\_\_\_

Special instructions or requests \_\_\_\_\_

Does your child use a pacifier? \_\_\_\_\_

I prefer my child to sleep

in a pack-n-play

on a mat

All sheets and blankets MUST be labeled with your child's full name. Sheets and blankets will be sent home on Friday or your last day that week.

*I will inform TLC staff if there are any changes that need to be made to this plan for my child.*

Parent Signature \_\_\_\_\_ TLC Staff \_\_\_\_\_

**According to the 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 on a crib, cot or mat; how napping child is supervised, consistent**