

Dear Parents,

First we would like to thank you for allowing us to have the privilege to care for your precious toddler and to do many fun and exciting activities with him/her this school year. We would like to introduce ourselves ...

Hi! My name is Miss Olivia and I have been employed with TLC for over 6 years. I am CPR and First Aid certified. I am a graduate of TLC and have worked in almost all of the rooms. I graduated from Calhoun High School and am currently a senior at St. John's University. I love children and have even babysat for many TLC families over the years. I am looking forward to working with your child!

Hi! My name is Miss Alex. I also graduated from Calhoun High School. I recently worked in the Nursery room and have experience in all of the rooms at TLC. I am looking forward to working with the Toddlers! I am CPR and First Aid certified. I know we are going to have a fun year!

On a daily basis, we will engage in activities such as arts and crafts, circle time, and many other fun activities. Our circle time will consist of reading some books, singing songs, and puppet play. We would like to start this year off by learning our colors, and then introducing letters and numbers. We like to do sensory activities one to two times per week. We will do multiple crafts each week revolving around the theme(s) of the month.

In preparing for the school year, please do the following:

- Please fill out all forms and return the first day you return in September.
- Please have all supplies including family photos and the photos of your child.
- PLEASE LABEL EVERYTHING! If it is not, we can NOT accept.
- Please take cups home a daily basis to be washed and returned the following day.
- Tissues and Clorex wipes do not need to be labeled as they will be shared.
- Please send in an alternative for your child for lunch if you know there is something they will not eat such as a microwaveable mac-n-cheese or chicken nuggets.

We are looking forward to a great school year with many fun, new, and exciting activities! Please feel free to contact our Director, Ninette Sherman at 516-378-3890 if you have any questions or concerns.

Sincerely,

Miss Olivia Miss Alex



## Merrick Avenue Toddler Supply List

2- Changes of Clothes including Socks
1- Crib Sheet (Sent Home Every Friday to be Washed)
1- Blanket (Sent Home Every Friday to be Washed)
1- Sleeve of Diapers
1- Package of Baby Wipes in a Reusable Container
4- Additional Packages of Baby Wipes
Diaper Ointment- please complete the <i>Non-Medication Consent</i>
Form located at www.tlcmerrick.com/forms
1-Sippy Cup
3- Boxes of Tissues
3-Containers of Clorox Wipes
1- Backpack
1-Box of Sandwich-Sized Ziploc Bags
1-Box of Gallon-Sized Ziploc Bags
5- Pictures of your child (recent)
2- Family Photos including pets (can be separated and we will paste
together)
1- Clear Shoe Box Plastic Container
**Please Label EVERYTHING with your child's first and last name (except for tissues and Clorox wipes). Mabel's Labels are great.



## TLC Daycare Napping Plan for Infants Over 1 Year

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		Today S Dat	e					
Child's Name		Date of Birtl	h					
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 m	ade to this pla	an for my child.					
Parent Signature		TLC Staf	f					

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.



## TLC Daycare Feeding Plan for Infants Over 1 Year

Today's Date\_\_\_\_\_

Child's Name	·			Date of Birth				
My child is usin	ng a (Circle One)	Bottle	Cup	Both				
My child has (P	lease Circle)	Breast Milk	Formula	Milk				
For formula: Ty	pe of formula							
For milk: Type of	of milk ———							
	oz bottles/cu	ps are given e\	/ery	—hours.				
Comments:								
Solid and Mus	<b>hy Foods:</b> Please	give an overvi	iew of your o	child's "typical" feeding schedule:				
Meal	Time	Foo	od/Drinks					
Breakfast								
Snack								
Lunch								
Snack								
Comments:								
ALLERGIES: Please list any dietary instructions/restrictions:								
formula must b			•	aild's first and last name. Powdered abel all formula, milk, and juice with				
I will inform TL0	C if there are any o	changes that ne	eed to be ma	ade to this plan for my child.				
Parent Signatu	re			TLC Staff				