



# **Welcome to Toddler 1 at TLC Brookside 2023-2024**





Dear Parents,

Welcome to the **Toddler 1** at TLC!

Here at TLC Day Care our goal is to provide a positive learning environment for your child that enhances his or her level of development.

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

- Curiosity, initiative, and independence
- Self- esteem and decision-making capabilities
- Interaction with and respect for others
- Physical activity that develops gross-motor skills
- Communication skills
- Fine-motor development

We believe that children learn through play. Therefore, we encourage the children to explore, create, and share the creations they have made with their imaginations. Discovery centers are play areas that have various materials such as blocks, dramatic play, trains, cars, music and art. The children have the freedom to choose centers throughout the day.

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

Miss Brianna  
Miss Kayla

Please take a few moments to familiarize yourself with our website at [www.tlcmerrick.com](http://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 either by text or email at 516-659-2247 or [tlcmerrick@verizon.net](mailto:tlcmerrick@verizon.net).

Sincerely,

*Francina Cerrone*

Director/Owner  
TLC Day Care



# What a Day Looks Like in the Toddler 1 Room

7:30-8:45 Breakfast

9:00 Diaper Change/ Potty Time

9:30-10:15 Outdoor Play (Weather Permitting)

10:30-11:00 Snack

11:00 Diaper Change/ Potty Time

11:15-12:00 Circle Time

(Arts and Crafts, Music, Reading)

12:00-12:30 Lunch Time, Diaper Change

12:30-3:00 Naptime

(Quiet Time for Those Who do not Nap)

3:15-4:00 Outdoor Play (Weather Permitting)

4:00-6:00 Free Play



# Brookside Toddler 1 Supply List

- 2- Changes of Clothes including Socks
- 2- Mattress-Sized Crib Sheets (Please do not send Pack-n-Play Size)
- 2- Blankets
- 1- Sleeve of Diapers
- 2- Packages of Wipes
- Diaper Ointment- please complete the ***Non-Medication Consent Form*** located at [www.tlcmerrick.com/forms](http://www.tlcmerrick.com/forms)
- Pacifiers if Needed
- 2-Labeled Sippy Cups  
If your child drinks milk, please bring in an additional cup
- 2- Boxes of Tissues (to be shared with class and may need to be replenished throughout the year)
- 1- Box of Crayola Jumbo Crayons
- 1- Family Photo
- 1- Individual Photo
- Snacks (TLC provides snacks but babies can be picky)

\*\*Please Label EVERYTHING with your child's first and last name.  
Please have food items dated and labeled. TLC is a nut-free facility.



# Get to Know Me

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Favorite Color: \_\_\_\_\_

## Family

Name of Brothers and Sisters

Birthdate of Brothers and Sisters

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Name of Others Living in the Home

Relationship to Child

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Any Pets? Yes No

If yes, what are their names?

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# Social and Emotional Development

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

Does your child separate easily from you? Yes No

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

\_\_\_\_\_

Is your child afraid of anything? Yes No

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

\_\_\_\_\_

Does your child have a favorite toy, blanket, or soother? Yes No

Comments \_\_\_\_\_

\_\_\_\_\_

Please provide any other information that will be helpful in better understanding and caring for your child.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# Mealtime

We provide breakfast, morning snack, lunch, and afternoon snack; however, we ask that you please send in a few non-perishable snacks in case your child refuses what we are serving. Please label and date any food you send into school. Also, please note TLC is a nut-free facility.

**Child's Name:** \_\_\_\_\_

**Describe your child's appetite (food likes and dislikes):** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Does your child feed him/herself? Yes No**

**Please list any food allergies/sensitivities:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**In Toddler 1, it is important, but not mandatory that your child adapts to our daily routine. If you have any concerns, please do not hesitate to contact Miss Brianna or Francina. Thank you!**



# TLC Daycare

## 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.





# TLC Daycare 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 \_\_\_\_\_