



**Welcome to
Pre-k at
TLC Merrick Avenue
2024-2025**



Dear Parents,

As we work toward the first day of school we will, as always, communicate with you on the many aspects and changes within our classroom. Our Pre-K orientation will take place on Wednesday, August 28, 2024 from 10:15-11:30am and our Parent Orientation will be held on Wednesday, September 4, 2024 at 6:00pm. Due to limited space, we ask that only one parent attend.

In the spirit of keeping the lines of communication open, please know that the staff and teachers are here to answer any of your questions or address your concerns. Here are a few guidelines we ask you to review and follow this year:

Backpacks

Backpacks must be school-aged bags. We will be keeping all their personal items in there at all times. They will need to fit their sheets, folders, optional sleeping toy, and their extra clothes in them. Please leave hand sanitizer and chap stick at home. The children have access to their backpacks when they go to the bathroom and often are curious when they see them hanging off the bags. We can provide them with sanitizer when necessary.

******Please hand off medicine, documents, tuition, etc. to personnel.******* We often have the children empty their backpacks and wouldn't want to have anything misplaced.

Sleeping Toys

If your child likes to nap with a toy, it must be small enough to fit in their backpacks but not too small that it can get misplaced. It can only be a soft, plush toy with no hard parts.

Food and Medicine

All food must be labeled and brought in its original packaging. We must be able to see the ingredients. We are a NUT-FREE center. If you feed your child before they come to TLC, please be sure it is nut free as it could affect a child in their class. Medicine should be brought to the office with the appropriate form which can be found at www.tlcmerrick.com/forms.

Curriculum

We use *The Learning Box Curriculum*. It contains a multitude of lesson and exercises conducive to meeting New York State standards. We supplement our instruction with *Scholastic News* to support our monthly thematic units.

Please check the TLC website periodically for new information and special events. Information should also be posted in the vestibule. Please make sure to clean out your mailboxes at the end of the week. Thank you for your continued support. We look forward to a new school year!

Sincerely,
Miss Kathleen, Miss Liz, and Miss Stephanie



Pre-k Notes

- Sippy Cups are Not Used in Pre-k
- Clean Sheets/Blankets Come in on Monday and Go Home at the End of Your Week
- All Belongings Must be Labeled with Your Child's First and Last Name
- Please Do Not Send Your Child in with Toys from Home
- If You Know Your Child Does Not Like Something on the Menu, Please Send in an Alternative with their Name and the Date
The Menu can be Found at www.tlcmerrick.com/menus
- If Your Child Comes in After 8:30am, Please Make Sure they Ate Breakfast Before Arriving
- If You Need to Speak to a Teacher or Just Want to Check on Your Child, Please Call Between 12:45 and 2:15
- Do Not Hesitate to Express any Concerns You May Have Directly to a Preschool Teacher. We Will Work Quickly to Rectify or Make Accommodations for the Situation
- Print Out Forms and Look for Special Events at www.tlcmerrick.com



Merrick Ave Pre-K Supply List

All items should be labeled with your child's FIRST and LAST Name.

- 1- Crib Sheet and Blanket (which will be sent home every Friday)
- 1- Extra Change of Clothing in a Labeled Ziploc Bag
- 1- Zip Up Sweatshirt to be left in Your Child's Backpack
- 1- School-Sized Backpack (All Personal Belongings Must be Kept Together so the Backpack Must be the Appropriate size.)
- 1- 10 Count Crayola Markers Broad Tip
- 1- Box Crayola Colored Pencils
- 1-24 Box Crayola Crayons
- 1- Box of LARGE Crayola Crayons
- 1- Bottle of Liquid Elmer's Glue
- 1-Pack Expo Fine-Tipped Markers
- 1-Box Dot Markers
- 1 Red Folder
- 1- 1" Binder
- 1- Four Pack of Playdoh
- 1- Pack of Dry Erase Markers
- 1- Pair Hard-Soled Slippers (Search 'Daycare Slippers' on Amazon)
- 1- Family Photo
- 6- Photos of your Child to be Used Throughout the Year



Registration and Emergency Contact Form

Child's Name _____ **Date of Birth** _____

Street Address _____

City, State & Zip _____ Sex: Male or Female (please circle)

Known Allergies (food/medicine) _____

Mother's Name _____

Father's Name _____

Street Address _____

Street Address _____

City, State & Zip _____

City, State & Zip _____

Home Phone _____

Home Phone _____

Cell Phone _____

Cell Phone _____

Email _____

Email _____

Employer _____

Employer _____

Work Address _____

Work Address _____

Work Phone _____

Work Phone _____

Emergency Contacts that are ALSO ALLOWED TO PICK UP YOUR CHILD

Name _____

Name _____

Relationship _____

Relationship _____

Street Address _____

Street Address _____

City, State & Zip _____

City, State & Zip _____

Home Phone _____

Home Phone _____

Cell Phone _____

Cell Phone _____

Days/Hours of Care

Days _____

Hours (ex: 8am-4pm, 9am-5pm, 7am-6pm) _____

Doctor Information

Name _____ **Hospital** _____

Street Address _____

City, State & Zip _____

Phone _____

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
DAY CARE ENROLLMENT

PHOTO OF CHILD (Optional)	Child's Full Name:		Date of Birth: / /	Gender:
	Preferred Name/Nickname:			
	Child's Home Address:			
	Name of Person Enrolling Child:		Relationship to Child: <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Caretaker <input type="checkbox"/> Relative _____ <input type="checkbox"/> Other _____	
Phone Number(s) of Person Enrolling Child: () - <input type="checkbox"/> ok to text		Address of Person Enrolling Child (if different than child):		
Email Address:				
EMERGENCY INFO	EMERGENCY CONTACT NAMES / ADDRESSES	Authorized to Pick Up	PRIMARY PHONE NUMBER	OTHER PHONE NUMBER / EMAIL
	Primary Contact:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> ok to text	<input type="checkbox"/> ok to text
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> ok to text	<input type="checkbox"/> ok to text
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> ok to text	<input type="checkbox"/> ok to text
<i>For Program Use Only</i> Date of Enrollment: / /		<i>For Program Use Only</i> Date of Disenrollment: / /		

Child's Full Name:		Date of Birth: / /
Check boxes below to indicate if your child has any special needs/services: <input type="checkbox"/> None <input type="checkbox"/> Early Intervention/Special Education <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Speech/Language <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Allergies (list) _____ <input type="checkbox"/> Other _____		
Please provide information here AND discuss with your child care provider:		
Child's Primary Care Physician's Name/ Group:		Phone Number: () -
Preferred Hospital:		Phone Number: () -
Child's Dental Care:		Phone Number: () -
Child health insurance information is available by calling toll-free 1-800-698-4543 or the NYS Health Marketplace website: https://nystateofhealth.ny.gov/		
AGREEMENTS		
• I consent to emergency medical treatment for my child.....		<input type="checkbox"/> Yes <input type="checkbox"/> No
• I consent for my child to take part in neighborhood trips (i.e., library, park and playground) away from the program under proper supervision.....		<input type="checkbox"/> Yes <input type="checkbox"/> No
• I understand the program may need additional permissions for situations such as transportation, medication, release of information, and field trips.....		<input type="checkbox"/> Yes <input type="checkbox"/> No
• I provided information on my child's special needs to the program to assist in caring for my child.....		<input type="checkbox"/> Yes <input type="checkbox"/> No
• I understand the program must give parents, at the time of enrollment of a child, a written policy statement as required by regulation.....		<input type="checkbox"/> Yes <input type="checkbox"/> No
• I agree to review and update this information whenever a change occurs and at least once every year.....		<input type="checkbox"/> Yes <input type="checkbox"/> No
SIGNATURE – PARENT OR PERSON(S) LEGALLY RESPONSIBLE:		DATE: / /