



Welcome
to the



Butterfly Class





Dear Parents,

Welcome to the Butterflies! We are so excited to be here and share in the growth and development of your child. No one knows your child better than you, so we strive to respect your preferences regarding schedules, feedings and naptime.

We will provide some of the earliest experiences your child will have, including baby sign language, art projects, sensory activities and social interaction. Our goal is to build communication and social skills, gross and fine motor skills, as well as promote a healthy bond between child and caregiver. Each day you will receive updated information about your child through the Learning Genie app, including daily activities, diaper changes, naps, feedings, as well as reminders and pictures.

Communication is very important to us. If you have any questions, comments, or concerns, please feel free come to us and we will be more than happy to assist you. We look forward to providing a fun and nurturing environment for you and your family!

Sincerely,

Butterfly Teachers

What to Bring to the Classroom

- 2-4 Changes of Clothes
- 2 Blankets (12+ months) and 2 Fitted crib sheets labeled with child's name.
- Prepared Bottles labeled with child's name, date and whether formula or breast milk.
- Snacks and lunch items labeled with child's name and date
- Diapers/ Wipes/ Ointment
- Pacifier and/or Soothing item (if needed)
- Water will be offered throughout the day (12+ months), so please bring a reusable water bottle with fresh water each morning.
- Sunscreen (6+ months)
- Reusable bag to take home items daily.
- Extra sealable bags (Ziploc) for soiled clothes.
- Shoes for walking children
- Family Photo

*** Please remember to **LABEL ALL** of your child's items! ***



Helpful Hints

IN THE MORNING

- Please remember to **SIGN IN** (This is a state requirement).
- Please ensure all food items include name and date. (Food will not be served unless it is labeled.)
- If your child is upset at drop off, please help engage him/her in an activity before leaving the classroom (Quick drop offs are easier for your child). We will comfort your child to ensure a smooth transition.

IN THE EVENING

- Please remember to **SIGN OUT** (This is a state requirement) .
- Please check your child's art file daily.
- Please check your child's cubby daily for wet/soiled clothing and to ensure they have a change of clothing available. (at least 2 sets)
- Check Learning Genie for reminders about items you need to bring in, i.e., creams, diapers, wipes, etc.
- Please take home your reusable bag with daily items to replenish.

If you have any questions/concerns, please feel free to let us know.

We look forward to working together with you
to make your child's experience the best ever!



Kids' Care Club Child Development Center

Butterfly Schedule (12+ Months)



6:30 - 8:30	Drop off and Free Play
8:30 - 9:00	Story Time
9:00 - 9:30	Hand Washing & Snack Time
9:30 - 9:45	Diaper Time & Clean Up
9:45-10:15	Outdoor & Sensory Time
10:15 – 11:00	Circle time & Activities
11:00 -11:30	Diaper Time & Hand Washing/Songs & Music & Movement
11:30 - 12:00	Lunch Time
12:00- 2:00	Naptime & Free Play
2:00- 2:15	Diapers & Hand Washing
2:15 - 2:30	Water Break
2:30- 2:50	Songs/Music & Movement
2:50 - 3:30	Hand Washing & Snack Time
3:30- 4:00	Gross Motor
4:00 - 4:15	Diapers & Hand Washing Time
4:15 - 5:00	Creative Play & Manipulatives/Stroller Ride Outside
5:00 - 5:30	Story & Finger Play Time
5:30 - 6:00	Free Play & Clean Up Time

Schedules subject to change due to needs of children, special activities, and/or weather.



Infant Needs and Services Plan

Please provide as much detail as possible.

Today's Date: _____

Child's Name _____

Date of Birth _____

What hours does your child require care (so that we may staff accordingly)?

Typically from: _____am to: _____pm

What would you like us to call your child? _____

Home Language

Does your family speak a language other than English at home? _____

If you had a choice, what language(s) would you want your child to hear and speak in the program? _____

If your home language is not the spoken language in the program, do you want to teach us some key words in your language? _____

Health/Medical

What should we know about your child's health? _____

Allergy Form Completed? Yes No

Medication Form Completed? Yes No

Does your child have a disability that has been diagnosed? Yes No

If yes, a physician's note on necessary care is needed.

Do you have any concerns about your child that you want to tell us about? _____

Feeding

Breast fed or Formula? _____

What is your child's feeding schedule? _____

Have solid foods been introduced (what and when)? _____

What are your plans for introducing new foods (what and when)? _____

Are there any food restrictions? _____

Food likes and dislikes? _____

Does your child feed him/her self? How (fingers, spoon, drink from a cup)? _____

Are there any feeding rituals or additional information you would like us to know? _____

Sleeping/Napping

What is your child's sleeping pattern? _____

What do you want us to know about how to put your child to sleep? Swaddle, etc? _____

Does your child have a favorite item he/she uses for comfort? Pacifier, etc? _____

How do you comfort your child? _____

Is there anything particular that frightens your child? _____

What else do you want us to know about you and your child? _____

Diapering/Toileting

Do you use powder or ointments at changing times? If so, when? _____

Ointment Form Completed? Yes No

Does your child indicate bathroom needs? _____ If yes, how? _____

I have met with my child's primary caregiver to discuss my child's needs. I have been given the opportunity to express any concerns I may have and ask questions.

Parent Signature _____ Date _____

Teacher Signature _____ Date _____

Next Scheduled Meeting _____
(Required Quarterly)