



Greenway Early Learning Center, LLC

About Your Child

Welcome to Greenway Early Learning Center! We are excited to have you as part of our family. Please answer the following questions as they apply to your child. The more information and details you can provide us, the better we are able to understand and care for your child. If at any time you have additional comments, questions, or concerns, please speak with our Director.

Child's Name: _____ Nickname: _____ Date of Birth: _____

Allergies: _____

Special Needs: _____

Daily Medication: _____

If child is in diapers, do you use any powder or creams at each change? Yes ___ No ___ As Needed ___ Are you trying to potty train? Yes ___ No ___ Already trained ___ What word does your child use to indicate potty time? _____

If potty trained, do you use Pull Ups/diapers for nap time? Yes ___ No ___

What is your child's normal nap routine and times? _____

Does your child need a special comfort item at nap time? Yes ___ No ___ If yes, please explain _____

Any anticipated adjustment issues? Yes, _____ No ___ If yes, please explain

What are your expectations of our program?

What games or toys does your child enjoy?

If you have any other information you would like to share that would help us better know and understand your child, please share them here: _____

Parent Name: _____

Parent Signature: _____

Date: _____