

# Greenbelt Nursery Project

City of Greenbelt, 25 Crescent Rd. Second Floor, Greenbelt, MD 20770

Studies show the first three years of a child's life are a critical part of development.



This free program is available to:

- Families living in the city limits of Greenbelt
- Children ages newborn to 2 years old
- Children who wear diapers or pull-ups

#### Features:

- Receive up to 3 home visits (one visit every other week) from nursing students.
- Home visits are scheduled between 8:00AM-1:00PM – **starts Thursday, June 20th**

#### Free Services Offered:

- Diapers, Formula, Baby Accessories monthly
- Baby Wellness Nursing Assessment
- Baby Milestone Progress Review
- Information/Resource Linkage
- Healthy Eating Education

Being a parent is, was, and always will be the **hardest job** – *let us help you.*

**Need more information?**

**Want to register?**

Please call Katherine Farzin (240) 542-2019 or email [kfarzin@greenbeltmd.gov](mailto:kfarzin@greenbeltmd.gov)



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Muchos estudios demuestran que los primeros tres años en la vida de un niño son considerados los más importantes.



**Este programa gratuito está disponible para familias:**

- Que residan en la vecindad de Greenbelt
- Con niños recién nacidos y hasta la edad de 2 años
- Niños que usan pañales o pull-ups

**Ofrecemos:**

- 3 visitas a domicilio cada dos semanas por estudiantes de enfermería
- Las citas al domicilio son coordinadas entre las 8:00am hasta las 2:00pm **-comienza el jueves, 20 de junio**

**Las visitas son gratis e incluyen:**

- Pañales, formula, toallitas húmedas y otros accesorios para bebés
- Evaluación pediátrica
- Evaluación del desarrollo de su bebe
- Educación nutritiva
- Información, referencias, recursos, y apoyo



Sabemos que ser padre no es fácil, *permitanos ayudar.*

**¿Cómo puedo registrarme?**

Para registrarse, llamar a Katherine Farzin (240) 542-2019 o via correo electronico [kfarzin@greenbeltmd.gov](mailto:kfarzin@greenbeltmd.gov)



## Basic Information

Name (First Name, Last Name):

Phone #:

Email:

Contact Me By:  Text  Call  Email

Current Address:

Apt #:

City:

State:

ZIP Code:

### Family Demographic

Household (Family) Size:

# of Adults:

# of Children (2 years old and under):

Primary Language:  English  Spanish  Other:

## Child or Children (2 Years of Age and Under)

Name (First Name, Last Name):

Date of Birth:

Age:

Sex: M F

Diaper Size:

Formula Type:

Name (First Name, Last Name):

Date of Birth:

Age:

Sex: M F

Diaper Size:

Formula Type:

## Child or Children (2 Years of Age and Under) continued..

Name (First Name, Last Name):

Date of Birth:

Age:

Sex: M F

Diaper Size:

Formula Type:

Name (First Name, Last Name):

Date of Birth:

Age:

Sex: M F

Diaper Size:

Formula Type:

Name (First Name, Last Name):

Date of Birth:

Age:

Sex: M F

Diaper Size:

Formula Type:

**What products does your family need? Check all that apply.**

**Note: Products are given based on availability.**

Tampons, Pads, Panty Liners

Deodorant

Potty Training Products

Children's Books

Parenting Books

Adult Body Wash, Shampoo

Baby Body Wash, Shampoo

Other (Be specific)

Formula (i.e. Gerber, Similac, etc.)

Sippy Cups

Bottles

Baby Clothes

Breast Pads and Pump Parts

Baby Food

Dental Products (Children's toothpaste, adult toothpaste, mouthwash, floss, adult/children's toothbrush)

Toys

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