## NEW DISCOVERIES CHILD CARE CENTER

Brainerd Family YMCA

Child's	name	Date	
	describe the following: Does your child have any eating restrictions? W	hat time is their normal lunch,	
2.	When is your child used to taking a nap? Do the etc.)	ey use special securities? (pacifi	ier, blanket,
3.	Is your child trained or in the process? Do they	have certain ways for toileting?	)
4.	When your child is distressed, how can we best	comfort them?	
5.	How does your child communicate?		
6.	Please share any other pertinent information w	th us to we can best take care	of your child.

THANK YOU FOR HELPING US DO THE BEST WE CAN WITH YOUR CHILD'S TRANSITION!