



The Yellow School at MDPC  
11612 Memorial Drive  
Houston, Texas 77024  
713-784-0820

Introductory Information

Name of Child		Boy	Girl	Nickname
Birthdate	Teacher			Class
Address		Zip		Home Phone
Preferred Email				
Father's Name		Phone		
Name of company/field of interest				
Mother's Name		Phone		
Name of company/field of interest				
To what church do you belong?				
Does your child attend a Sunday school regularly?				
Tell us about your family (siblings, grandparents, and other extended family). Please include the names of siblings.				

Who cares for your child when you are away?

If your family has pets, what kinds? What are their names?

What are some of your child's favorite toys and activities?

Does your child have any fears? If so, what are they?

What prompts your child to lose their temper?

What seems to be the most common issue between parent and child?

What methods of discipline do you use?

Does your child speak in complete sentences?

Has your child had any severe injuries? When?

Any difficulty hearing?

Vision problems?

Any significant difficulties at birth?

Does your child have any allergies? If so, what are they?

How should we respond if your child were to have an allergic reaction?

Does your child have an EpiPen? \*If yes, we need 2 at the school\*

Is your child taking any medication? If so, please list the medications:

Are there any side effects for which we need to watch?

What is your child's average night's sleep? P.M. to A.M. Naps?

Attitude towards going to bed?

Does your child dress themselves?

Does your child feed themselves?

Does your child eat willingly?

Has your child attended school, daycare, or playgroups before?

Do you have any concerns about your child?

What words do you use for bathroom functions?

Tell us about your child. (What is their demeanor? What do they like or dislike? Any significant situations we should know about to better work with them such as death, divorce, adoption, fears, or travel experiences?)