

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

INTRODUCTORY INFORMATION

Name of Child		Nickname		
Date of Birth	Gender	Teacher		
Home Phone	Preferred Ema	ail Contact		
Tell us about your family (siblings, grandparents, other extended family). Please include names of siblings				
Who cares for your child when you are away?				
If your family has any pets, when the same of the same	hat kinds? What are th	heir names?		
What are some of your child's	favorite toys and activ	ivities?		
Does your child have any fear	rs? If so, what are they	y?		
What prompts your child to los	se their temper?			
What seems to be the most co	ommon issue between	n parent and child?		
What methods of discipline do	o vou use?			
Does your child speak in com				
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, what, and are there any potential side effects?			
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?				
Is your child fully potty trained?	*They must be fully potty trained to attend Yellow School			
What words do you use for bathroom functions?				
Tell us about your child. (Demeanor, likes or dislikes, etc.)				