

**YELLOW SCHOOL at MEMORIAL DRIVE PRESBYTERIAN CHURCH**

11612 Memorial Drive, Houston. TX. 77024

713-784-0820

**CONFIDENTIAL INTRODUCTORY INFORMATION**

Boy \_\_\_\_\_ Girl \_\_\_\_\_ Class \_\_\_\_\_

**NAME OF CHILD** \_\_\_\_\_ Nickname \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_ Home phone # \_\_\_\_\_

**FATHER'S NAME** \_\_\_\_\_

Name of company & occupation/field of interest \_\_\_\_\_

Work # \_\_\_\_\_ Cell # \_\_\_\_\_

**MOTHER'S NAME** \_\_\_\_\_ preferred email address \_\_\_\_\_

Name of company & occupation/field of interest \_\_\_\_\_

Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Marital status: Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_

To what church do you belong? Father \_\_\_\_\_ Mother \_\_\_\_\_

Does child attend a Sunday church school regularly? \_\_\_\_\_

Tells us about your family (siblings, grandparents and other extended family) Please include names of siblings \_\_\_\_\_  
\_\_\_\_\_

Who cares for child when parents are away? \_\_\_\_\_

Does child have any pets? \_\_\_\_\_ Names and kind? \_\_\_\_\_

What are some favorite toys and activities? \_\_\_\_\_

What are some favorite family activities? \_\_\_\_\_  
\_\_\_\_\_

Does your child have any fears? \_\_\_\_\_

What prompts your child to lose his/her temper? \_\_\_\_\_

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

What methods of discipline do you use? Ignoring? \_\_\_\_\_ Redirection? \_\_\_\_\_ Spanking? \_\_\_\_\_

Sending to room? \_\_\_\_\_ Other? \_\_\_\_\_

Does your child speak in complete sentences? \_\_\_\_\_ Baby talk? \_\_\_\_\_

Has your child had any severe injuries? \_\_\_\_\_ When? \_\_\_\_\_

Any difficulty hearing? \_\_\_\_\_ Vision? \_\_\_\_\_

Any significant difficulties at birth? \_\_\_\_\_

Does your child have any allergies? \_\_\_\_\_ If so, to what is he/she allergic? \_\_\_\_\_

How should we respond if he/she has an allergic reaction? \_\_\_\_\_

Is your child taking any medication? \_\_\_\_\_ Are there any side effects for which we need to watch? \_\_\_\_\_

Does your child share a bedroom? \_\_\_\_\_ With whom? \_\_\_\_\_

What is average night's sleep? \_\_\_\_\_ P.M. to \_\_\_\_\_ A.M. Naps? \_\_\_\_\_

Attitude toward going to bed? \_\_\_\_\_

Does your child dress him/herself? \_\_\_\_\_

Does child feed himself/herself? \_\_\_\_\_ Does child eat willingly? \_\_\_\_\_

What are mealtimes like? \_\_\_\_\_

Has child attended school, daycare or play groups? \_\_\_\_\_

Do any problems cause you concern, such as thumbsucking, jealousy, demanding attention, crying, whining, etc.? Please describe and briefly describe your reaction to it \_\_\_\_\_

What words does he/she use for bathroom functions? \_\_\_\_\_

Tell us about your child. Is he/she happy, angry, fearful? Does he/she like to read books? Like to play outdoors? Are there any significant situations about which you think we should know in order to better work with him/her, such as death, divorce, adoption, separation, fears, travel experiences, etc. (Use an additional sheet of paper, if necessary.)

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