



Wildwood Park District CHILD'S PERSONAL HISTORY

(Please Print)

Child's Last Name _____ First Name _____

Child's Nickname (if applicable) _____ Birthdate ____ / ____ / _____ Circle: Male Female

FAMILY / HOME

Parent/Guardian Name _____ Occupation _____

Business Name/Address _____

Business Phone _____

Work Hours Mon _____ Tue _____ Wed _____ Thu _____ Fri _____

Parent/Guardian Name _____ Occupation _____

Business Name/Address _____

Business Phone _____ Work Hours Mon _____ Tue _____ Wed _____ Thu _____ Fri _____

Do you travel for business? _____ If yes, how often? _____

Parent's Marital Status: Single ____ Married ____ Separated ____ Divorced ____ Other: _____

If divorced or separated, which parent does your child reside with? _____

How often does child see *other* parent? _____

Name of Sibling(s)	M/F	Date of Birth <i>(include year)</i>	Preschool Attended <i>(if applicable)</i>	Current School / Grade <i>(if applicable)</i>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Does anyone else live in your home? YES NO If yes, name/relationship to child: _____

Is ENGLISH your child's primary language? YES NO If no, what language does your child speak? _____

Are any other languages spoken in the home? YES NO If yes, what language? _____

MEDICAL / PERSONAL HISTORY

Has your child had any injuries, surgeries or recent personal family traumas? YES NO
If yes, please explain:

Is your child prone to certain illnesses or have any conditions we should be aware of? YES NO
If yes, please explain:

Does your child take any medication regularly? YES NO
If yes, please list and explain:

Will your child need to take medications while at this program? YES * NO *
If yes, please list and explain: **If yes, must complete Medical Distribution Form*

ALLERGIES: Complete below if your child has allergies

Allergy to	Contact or Ingestion	Symptoms	Medication Needed	Life Threatening?
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
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SOCIAL EMOTIONAL HISTORY

How would you describe your child's temperament/personality?

Are there specific situations in which your child tends to become upset, angry, scared, or withdrawn?

Describe your child's attitude toward other adults? *(i.e., friendly, outgoing, cautious, etc.)*

How would you describe your child's play? *(i.e., self-initiated, plays alone, prefers to play with others, active, quiet, etc.)*

Is there any other information that you would like to share with the staff?

Parent/Guardian Signature

Date