



# 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:

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

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

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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*

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Are Park District provided snacks a potential concern? YES NO  
If yes, please explain:

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**ALLERGIES: Complete below if your child has allergies**

Allergy to	Contact or Ingestion	Symptoms	Medication Needed	Life Threatening?
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**SOCIAL EMOTIONAL HISTORY**

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

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Are there specific situations in which your child tends to become upset, angry, scared, or withdrawn?

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

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

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

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Parent/Guardian Signature

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Date