

**Wheaton Park District**  
**Wide Horizons Child Information Sheet 2016-2017**

Child's Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Birthdate \_\_\_\_\_ Email \_\_\_\_\_

**Personal History**

1. Does your child have a nickname? \_\_\_\_ Yes \_\_\_\_ No

If so, what is it? \_\_\_\_\_

2. My child lives with \_\_\_\_\_

\_\_\_\_\_

3. My child speaks \_\_\_\_ English \_\_\_\_ Other Please specify \_\_\_\_\_

4. Does your child speak in \_\_\_\_ Words \_\_\_\_ Sentences?

5. Does your child have siblings? \_\_\_\_ Yes \_\_\_\_ No

Please list names and ages \_\_\_\_\_

\_\_\_\_\_

6. Does your child have any conditions that would require classroom modifications? \_\_\_\_ Yes \_\_\_\_ No

7. Is there any other important information that you would like us to know?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Child Information Form

### Bathroom Habits

1. Is your child toilet trained?  Yes  No
2. Can your child be relied upon to indicate his/her bathroom wishes?  Yes  No
3. Does your child have frequent toilet accidents?  Yes  No

How does your child react to the accidents? \_\_\_\_\_

\_\_\_\_\_

### Social Relationships

1. Has your child had experiences playing with other children?  Yes  No
2. Has your child ever been left with adults other than parents for any length of time?

Yes  No

3. Does your child mind playing alone at times?  Yes  No
4. Please check one or more of the following: My child mostly enjoys the company of:  
 Other Children  Adults  Both Children and Adults  Prefers to be alone
5. By nature, is your child  Friendly  Shy

6. What do you find is the best way to handle your child? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. Please list any other comments that you think are necessary. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_