

# Children's Centre Family Registration Form



eStart family Id:

Family address

Home Telephone:

Postcode

## Details of Main Carer

First Name(s)

Last Name

Relationship to child/children

If you're pregnant, baby due date

Mobile number

Date of Birth

Email address

Are you a lone parent? Yes  No

Ethnicity *See table BELOW*

Education and Employment	Carer	Full Time	<input type="checkbox"/>
	Education or Training	Full time	<input type="checkbox"/>
		Part time	<input type="checkbox"/>
	Employed	Full time	<input type="checkbox"/>
		Part time	<input type="checkbox"/>
		Self employed	<input type="checkbox"/>
Retired		<input type="checkbox"/>	
Unemployed	Have worked	<input type="checkbox"/>	
	Never worked	<input type="checkbox"/>	

Disability or special need, if any. Please give details

Name of Family Health Visitor and Health Centre

Do you smoke? Yes  No

Are you an asylum seeker or refugee? Yes  No

## Ethnicity

Please use the code from the table below to complete the ethnicity details of family members .

White	Black or Black British	Asian or Asian British	Mixed	Other
<b>A1</b> White British	<b>B1</b> Black Caribbean	<b>C1</b> Indian	<b>D1</b> White & Black Caribbean	<b>E1</b> Chinese
<b>A2</b> White Irish	<b>B2</b> Black African	<b>C2</b> Pakistani	<b>D2</b> White & Black African	<b>E2</b> Gypsy/Roma
<b>A3</b> White Other	<b>B3</b> Black Other	<b>C3</b> Bangladeshi	<b>D3</b> White and Asian	<b>E3</b> Other (Please give details)
		<b>C4</b> Asian Other	<b>D4</b> Any other mixed	

## Details of Second Carer

First Name(s)  Last Name   
 Relationship to child/children  If you're pregnant, baby due date   
 Mobile number  Date of Birth   
 Email address  Are you a lone parent? Yes  No   
 Ethnicity   
*See table on front*

Education and Employment	Carer	Full Time	<input type="checkbox"/>
	Education or Training	Full time	<input type="checkbox"/>
		Part time	<input type="checkbox"/>
	Employed	Full time	<input type="checkbox"/>
		Part time	<input type="checkbox"/>
Self employed		<input type="checkbox"/>	
Retired		<input type="checkbox"/>	
Unemployed	Have worked	<input type="checkbox"/>	
	Never worked	<input type="checkbox"/>	

Disability or special need, if any. Please give details   
 Name of Family Health Visitor and Health Centre   
 Do you smoke? Yes  No   
 Are you an asylum seeker or refugee? Yes  No

## Child 1

First Name(s)  Last Name   
 Gender F  M  Is child looked after by the local authority? Yes  No   
 Date of Birth  Ethnicity   
*See table on front*  
 Child's home language  Details of primary carer, if different from named carers   
 Address if different from families  Disability or special need, if any

### Consent for information storage and information sharing

Children's Centre Services are committed to working in partnership with families and to ensuring you get the help and support you need. By signing this document you understand that the information submitted will be kept confidential and will be stored on a database, which is password protected. You also understand it will be used to:

1. Keep you informed about children's centre services;
2. Where appropriate will be shared with our partners who can provide services and support for parents, children and families;
3. Maintain a register of families and
4. Monitor and evaluate children's centre services.

You always have the right to see information we hold on you and on any children for whom you have parental responsibility. (subject to the Data Protection Act 1998).

I understand that the information on this form will be kept secure and I agree to necessary information being shared / used as described above.

Parent/Carer Signature	Name	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>

# Children's Centre Child Registration Form



eStart family Id:

## Child 2

**First Name(s)**  **Last Name**   
**Gender** F  M  **Is child looked after by the local authority?** Yes  No   
**Date of Birth**  ...../...../..... **Ethnicity**   
*See table on front*  
**Child's home language**  **Details of primary carer, if different from named carers**   
**Address if different from families**  **Disability or special need, if any**

## Child 3

**First Name(s)**  **Last Name**   
**Gender** F  M  **Is child looked after by the local authority?** Yes  No   
**Date of Birth**  ...../...../..... **Ethnicity**   
*See table on front*  
**Child's home language**  **Details of primary carer, if different from named carers**   
**Address if different from families**  **Disability or special need, if any**

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Parent/Carer Signature	Name	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>