

Children's Centre Registration Form



Date form completed: _____ New Family ID Number:

Are the family in receipt of 2 year old Funding for Early Education?: Yes No

Main Primary Carer e.g. Mother/Father

Have you registered at another centre before today?
If yes which centre?

.....

Where did you hear about our Children's Centres?

.....

Title: Mr Mrs Miss Ms Dr

Name:

Address:

.....

.....

Postcode: _____

Home Tel: _____

Have you moved within the last year? Yes No
If yes, what was the old address?

.....

.....

.....

Postcode: _____

Second Carer e.g. Father/Mother/Family member

Have you registered at another centre before today?
If yes which centre?

.....

Where did you hear about our Children's Centres?

.....

Title: Mr Mrs Miss Ms Dr

Name:

Address (if different from main carer):

.....

.....

Postcode: _____

Home Tel: _____

Have you moved within the last year? Yes No
If yes, what was the old address?

.....

.....

.....

Postcode: _____

GPSurgery: Health Visitors Name:

Main Primary Carer (continued)

Relationship to Child:

If you are pregnant
when is your baby due: _____

Mobile Tel: _____

Email address:

Date of Birth: _____

Would you like to receive information about Family
Information Services that may be of interest to
your family? Yes No

Lone Parent: Yes No

Employment:

- Full Time
- Part Time
- Self Employed
(Part Time)
- Self Employed
(Full Time)
- Training (Paid)
- Other paid
employment

Not in Employment:

- Seeking Work
- Retired
- Student
- Maternity Leave
- Looking after
the Home
- No member of
the family works
- Training (Non Paid)
- Career Break
- Disabled
(Unable to Work)
- Long Term Sick
- Redundant
- Other

Ethnicity:

Sub Ethnicity:

Benefits:

- (JSA) Income-based Jobseekers Allowance
- (ESA) Income-Related Employment & Support
Allowance
- Income Support
- Carer's Allowance
- (DLA) Disability Living Allowance
- Child Tax Credit
- Working Tax Credit

Do you consider yourself to have a disability or
special need? Yes No

1st Language:

Do you have English as a second or additional
Language? Yes No

Do you need an interpreter? Yes No

Smoker: Yes No

Are you a Military or Service Family Yes No

If so, which Regiment:

Second Carer (continued)

Relationship to Child:

If you are pregnant
when is your baby due: _____

Mobile Tel: _____

Email address:

Date of Birth: _____

Would you like to receive information about Family
Information Services that may be of interest to
your family? Yes No

Lone Parent: Yes No

Employment:

- Full Time
- Part Time
- Self Employed
(Part Time)
- Self Employed
(Full Time)
- Training (Paid)
- Other paid
employment

Not in Employment:

- Seeking Work
- Retired
- Student
- Maternity Leave
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the Home
- No member of
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special need? Yes No

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Do you have English as a second or additional
Language? Yes No

Do you need an interpreter? Yes No

Smoker: Yes No

Are you a Military or Service Family Yes No

If so, which Regiment:

If you are the sole Carer, please provide us with an Emergency Contact name and telephone number:

Name: Telephone: _____

Relationship to Carer:

First Child

Name:

Is this child being cared for by Foster Parents or another Carer other than mum or dad? Yes No

If Yes please state who? What is their relationship?

.....

Date of Birth: _____

Country of Birth:

School:

Ethnicity:

Carers with Parental responsibility:

.....

Other carers for this child:

.....

Gender: Male Female

Do you consider your child to have a disability or special need? Yes No

What is the Child's First Language?

.....

Does this child live at the family address of the 1st named Primary carer? Yes No

If No please state alternative address

.....

.....

.....

Breast Feeding: (please tick all that apply)

Never Birth 6 Weeks 3 Months 6 Months 1Year

Birth Weight:

Second Child

Name:

Is this child being cared for by Foster Parents or another Carer other than mum or dad? Yes No

If Yes please state who? What is their relationship?

.....

Date of Birth: _____

Country of Birth:

School:

Ethnicity:

Carers with Parental responsibility:

.....

Other carers for this child:

.....

Gender: Male Female

Do you consider your child to have a disability or special need? Yes No

What is the Child's First Language?

.....

Does this child live at the family address of the 1st named Primary carer? Yes No

If No please state alternative address

.....

.....

.....

Breast Feeding: (please tick all that apply)

Never Birth 6 Weeks 3 Months 6 Months 1Year

Birth Weight:

Third Child

Name:

Is this child being cared for by Foster Parents or another Carer other than mum or dad? Yes No

If Yes please state who? What is their relationship?

.....

Date of Birth: [] [] [] [] [] [] [] [] [] []

Country of Birth:

School:

Ethnicity:

Carers with Parental responsibility:

.....

Other carers for this child:

.....

Gender: Male Female

Do you consider your child to have a disability or special need? Yes No

What is the Child's First Language?

.....

Does this child live at the family address of the 1st named Primary carer? Yes No

If No please state alternative address

.....

.....

.....

Breast Feeding: (please tick all that apply)

Never Birth 6 Weeks 3 Months 6 Months 1Year

Birth Weight:

Fourth Child

Name:

Is this child being cared for by Foster Parents or another Carer other than mum or dad? Yes No

If Yes please state who? What is their relationship?

.....

Date of Birth: [] [] [] [] [] [] [] [] [] []

Country of Birth:

School:

Ethnicity:

Carers with Parental responsibility:

.....

Other carers for this child:

.....

Gender: Male Female

Do you consider your child to have a disability or special need? Yes No

What is the Child's First Language?

.....

Does this child live at the family address of the 1st named Primary carer? Yes No

If No please state alternative address

.....

.....

.....

Breast Feeding: (please tick all that apply)

Never Birth 6 Weeks 3 Months 6 Months 1Year

Birth Weight:

If you have more than four children who wish to register please add this to an additional form.

Library Membership

Any Carer or Child that has registered with a Children’s Centre within Suffolk is entitled to free library membership. If you are already a member you can use your card in the normal way. If you would like to join, please indicate the first names of those family members who would like membership:

.....

In joining the library you are becoming a member of Suffolk Libraries and not a separate Children’s Centre library.

If you would like your child to join the library, do you give consent for them to have access to the internet in the library? Yes No

(Please note that whilst benefits of the resources on the web are enormous and hugely outweigh the risks, there is no guarantee that Suffolk Libraries can prevent access to all material that might be deemed unsuitable, despite filtering software).

Your Declaration & Consent

I understand that the information I have provided will be processed for the purposes set out in the Children’s Centres Registration Form Privacy Notice and in accordance with the Data Protection Act 1998. I declare that all information I have provided is true to my knowledge. I understand that the information I have provided will be kept on file (including the Local Authority’s Children’s Centre database), for statistical monitoring and evaluation purposes by the Children’s Centre, Local Authority, Department of Education (DFE) and relevant partners (such as OFSTED).

Parent/Carer

First Name: Surname:

Is this child being cared for by Foster Parents or another Carer other than mum or dad? Yes No

If Yes please state who? What is their relationship?

.....

Signed Date: _____

Centre Staff Use only:

Form completed by: Children Centre Staff Parent Carer Childminder Health Visitor Foster Parent

Is the Form signed? Yes No

Data entered by:

Date: _____ Library Membership added to Galaxy: Yes No Date: _____