

Children's Centre Registration Form



Date form completed: / / New Family ID Number:

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:

.....

.....

.....

Postcode:

Home Tel:

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

.....

.....

.....

Postcode:

GP Surgery: Health Visitors Name:

Main Primary Carer (continued)

Relationship to Child:

Pregnant/Baby Due date: / /

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:

- Unemployed
- Retired
- Student / Maternity Leave
- Full Time
- Part Time
- Self Employed (Part Time)
- Self Employed (Full Time)
- Looking After Home

Ethnicity:

Benefits:

- Income Support
- Incapacity
- Job Seekers
- Pension Credit
- Disability Living Allowance
- Child Tax/Working Tax

Main Primary Carer (continued)

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

1st Language:

Do you need an interpreter? Yes / No

Smoker: Yes / No

Second Carer (continued)

Relationship to Child:

Pregnant/Baby Due date: / /

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:

- Unemployed
- Retired
- Student / Maternity Leave
- Full Time
- Part Time
- Self Employed (Part Time)
- Self Employed (Full Time)
- Looking After Home

Ethnicity:

Benefits:

- Income Support
- Incapacity
- Job Seekers
- Pension Credit
- Disability Living Allowance
- Child Tax/Working Tax

Second Carer (continued)

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

1st Language:

Do you need an interpreter? Yes / No

Smoker: Yes / No

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 circle 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 circle 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 circle 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 circle 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 cards 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 Direct and not a separate Children's Centre Library.

If you would like your child to join the library, do you give consent for children under 16 to have access to the Internet? Yes / No

(Please note that whilst benefits of the resources on the web are enormous and hugely outweigh the risks, there is no guarantee Suffolk County Council 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: / /