

Children's Centre Registration Form

Address details

House No.	Street	Town	Postcode
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Parent/Carer details

*Please refer to numbers on reverse for Ethnic Origin

Title	First name	Surname	Gender Male / Female	Date of birth dd / mm / yyyy
Ethnic Origin*	Marital status	First Language spoken	Disability / Special Needs	Relationship to children
Lone parent <input type="checkbox"/> Yes <input type="checkbox"/> No	Pregnant <input type="checkbox"/> Yes <input type="checkbox"/> No	Due date dd / mm / yyyy	Smoker <input type="checkbox"/> Yes <input type="checkbox"/> No	Employment status <input type="checkbox"/> Childminder
Home telephone number (_____) _____	Mobile telephone number (_____) _____	Email address		

Parent/Carer details

*Please refer to numbers on reverse for Ethnic Origin

Title	First name	Surname	Gender Male / Female	Date of birth dd / mm / yyyy
Ethnic Origin*	Marital status	First Language spoken	Disability / Special Needs	Relationship to children
Lone parent <input type="checkbox"/> Yes <input type="checkbox"/> No	Pregnant <input type="checkbox"/> Yes <input type="checkbox"/> No	Due date dd / mm / yyyy	Smoker <input type="checkbox"/> Yes <input type="checkbox"/> No	Employment status <input type="checkbox"/> Childminder
Home telephone number (_____) _____	Mobile telephone number (_____) _____	Email address		

Emergency Contact details (if different from above)

Emergency Contact name	Relationship	Emergency Contact number (_____) _____	Emergency Contact details
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Children

First name	Surname	Disability / Special Needs	Date of birth dd / mm / yyyy
First language spoken	Breast fed at <input type="checkbox"/> Birth <input type="checkbox"/> 6 Weeks <input type="checkbox"/> 4 months	Ethnic Origin*	Gender Male / Female
First name	Surname	Disability / Special Needs	Date of birth dd / mm / yyyy
First language spoken	Breast fed <input type="checkbox"/> Birth <input type="checkbox"/> 6 Weeks <input type="checkbox"/> 4 months	Ethnic Origin*	Gender Male / Female
First name	Surname	Disability / Special Needs	Date of birth dd / mm / yyyy
First language spoken	Breast fed <input type="checkbox"/> Birth <input type="checkbox"/> 6 Weeks <input type="checkbox"/> 4 months	Ethnic Origin*	Gender Male / Female
Health Visitor Name	Doctor	Practice	

Please turn over to complete the rest of this form

Additional needs

Do you or any of your children have any additional needs? Please give details.

Is there anything else we should know, for example, do you or any of your children have any allergies?

Ethnic Origin

1. White British	7. White/Asian	13. Japanese	19. Latin/South America
2. White Irish	8. Other Mixed Background	14. Filipino	20. Other Black Background
3. Eastern European	9. Indian	15. Chinese	21. Traditional Traveler
4. Western European	10. Pakistani	16. Other Asian Background	22. Gypsy/Roma
5. White/Black Caribbean	11. Bangladeshi	17. Caribbean	23. Other Ethnic Origin (Please state)
6. White/Black African	12. Thai	18. African	

Consent for data collection and information sharing

It is important to ensure that all the families using the Children's Centres in Medway and all those living in the Children's centre area are aware of the opportunities available. The Children's Centres in Medway would like your help; it is important to know which services support you in giving your children the best start in life.

Completing and signing this form will give your permission for the Children's Centres in Medway to:

- **collect and store your information on a secure database.**
- **contact you about services that are available and being developed.**
- **include you in the Children's Centre's ongoing planning.**
- **share your information with partner agencies.**

The Children's Centres are registered under the Data Protection Act and you have the right to view information held. All information given to a Children's Centre worker is treated with the strictest confidence and is only passed on to other agencies on a need to know basis. If issues arise that involve child protection, criminal or legal matters, these will need to be passed on to the appropriate authority. If you want any more information, please contact your local Children's Centre.

Consent for photographs

The Children's Centre often takes photographs or video film for display purposes within the centre. These photos or video footage may also be used for publicity purposes and may appear in printed publications, on the centre website, external displays or sent to the news media.

Medway council staff and news media personnel also visit the centre and take their own photographs or footage of centre events and activities, which may include you or the children in your care for publicity purposes. Please tick the boxes which apply to give your consent for the use of pictures/video.

<input type="checkbox"/>	I give permission for images/film of myself and the children in my care to be used by the local press - I am aware that this means that the photographs taken may be displayed via local media; this could be newspapers, magazines, websites or other media.
<input type="checkbox"/>	I give permission for images/film of myself and the children in my care to be used for Children's Centre Publicity. I am aware that this could be leaflets, posters, web pages, presentations or displays used to publicise Sure Start Children's Centres. These images may be displayed on Sure Start Children's Centre /Medway Council Literature or in the local press.

Parent/carer signature

By signing this form, you are confirming that you are responsible for the supervision and safety of the children you bring to the Children's Centre.

Date

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How you heard about the Children's Centre

Friend / Family	Local Press	Poster / Leaflet	Internet	Midwife / Health Visitor	Family Information Service	School	Other Children's Centre	PVI Setting
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Children's Centre worker signature

Date

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