

CHILDREN'S CENTRE REGISTRATION FORM



1. About you

First Name	Surname	Relationship to the child(ren)	Date of birth:
Address:	Ethnicity (use codes in table below)	Email:	Gender Male / Female
	Employment status (please tick) Full time work <input type="checkbox"/> Part time work <input type="checkbox"/>	Telephone number(s):	Do you consider yourself disabled? <input type="checkbox"/> Yes / No <input type="checkbox"/>
Postcode:	In training or education <input type="checkbox"/> Unemployed Other <input type="checkbox"/>	Languages spoken:	Are you a lone parent? <input type="checkbox"/> Yes / No <input type="checkbox"/>
Country of origin:		Applying for a place at Maytree Nursery: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Family GP Surgery:			

2. Second parent/carer (that cares for your child(ren) regularly – mother, father, grandparent, childminder, foster carer, etc)

First Name	Surname	Relationship to the child(ren)	Date of birth:
Address:	Ethnicity (use codes in table below)	Email:	Gender Male / Female
	Employment status (please tick) Full time work <input type="checkbox"/> Part time work <input type="checkbox"/>	Telephone number(s)	Do you consider yourself disabled? <input type="checkbox"/> Yes / No <input type="checkbox"/>
Postcode:	In training or education <input type="checkbox"/> Unemployed Other <input type="checkbox"/>	Languages spoken:	Are you a lone parent? <input type="checkbox"/> Yes / No <input type="checkbox"/>
Country of origin:			

3. About your child(ren)

First name	Last name	Address	Date of birth	Male/ Female	Attended Maytree Nursery? (Y/N)	Ethnicity (use codes in table below)	Country of Origin	Language(s) Spoken	Disability or SEN

Emergency Contact (Please supply at least one additional contact)

Name	Relationship to Adult	Contact Number

Ethnicity codes

A1 White British	A2 Other White Background	B1 White / Black Caribbean	B2 White / Black African	B3 White / Asian
B4 Other Mixed Background	C1 Asian or Asian British - Indian	C2 Asian or Asian British - Pakistani	C3 Asian or Asian British - Bangladeshi	C4 Other Asian Origin
D1 Black or Black British - Caribbean	D2 Black or Black British - African	D3 Other Black Background	E Chinese	F Other Ethnic Group

4. About your family

The following section asks questions to help us understand your needs and those of your family so that we can offer you appropriate support and make sure you have access you need. The information you provide is confidential.

Questions about your families' housing support needs		Yes	No
Do you need support with any housing difficulties?	<input type="checkbox"/>	<input type="checkbox"/>	
Are you living in temporary housing?	<input type="checkbox"/>	<input type="checkbox"/>	
Questions about your families' financial support needs			
Are you living in a household where no one is working?	<input type="checkbox"/>	<input type="checkbox"/>	
Is anyone in your household claiming benefits?	<input type="checkbox"/>	<input type="checkbox"/>	
Adults who are unable to claim benefits in the UK because of their current immigration status are described as having 'no recourse to public funds.' Does this apply to you?	<input type="checkbox"/>	<input type="checkbox"/>	
Are you or your family seeking asylum in the UK?	<input type="checkbox"/>	<input type="checkbox"/>	
Questions about your children and the support they need			
Do you / your children have a specialist early intervention health visitor?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you or any of your children received support from a social worker in the last 12 months?	<input type="checkbox"/>	<input type="checkbox"/>	
Do any of the children on this form have a CAF in place? (A CAF is a Common Assessment Framework to identify and coordiante different support needs).	<input type="checkbox"/>	<input type="checkbox"/>	
Are any of the children on this form currently in foster care?	<input type="checkbox"/>	<input type="checkbox"/>	
Questions about you and the support you needs			
Have you received or would like support for your mental health?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you ever been affected by domestic abuse?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you need support in speaking English?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you need support with reading and writing in English?	<input type="checkbox"/>	<input type="checkbox"/>	

5. Declaration

We would like to use this information to produce reports on the use of children's centres and other services. This will enable us to meet the need of local families. It will also help us to send you appropriate information on services available.

We will store this information on a secure database that will only be accessed by authorised staff.

I **DO NOT** wish to be contacted by children's centre or its partners

I **DO NOT** wish to receive information on what is happening in my area.

I **DO NOT** give permission for any photographs taken of my child/ren to be used for display and the centres publicity.

Signature* _____ Date: _____

*This form can only be signed by the parent or carer with whom the children normally live

YOU HAVE THE RIGHT TO VIEW THE INFORMATION HELD BY LAMBETH CHILDREN AND YOUNG PEOPLE'S SERVICE

5. For office use only

Form taken by: _____ Form entered on the system? Yes / No

Date entered on the system _____ Entered on the system by: _____