

Children's Centre Registration Form

Please use **BLOCK CAPITALS** to complete this form

Parent/Carer Details:

	Parent Carer 1 (P/C1):	Parent Carer 2 (P/C2):
Title:		
First Name:		
Surname:		
Address:		
Post Code:		
Home Telephone Number:		
Mobile Telephone Number:		
E-mail address:		
Date of Birth:		
Relationship to child:		
What is your marital status?		
Are you a lone parent?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you employed?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please circle: F/T or P/T	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please circle: F/T or P/T
Do you consider yourself to have a disability or Special Need? Please give details.		
Is English your first language? If no, what is your first language?		
Do you need an interpreter?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you a smoker?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you currently pregnant? If yes please state estimated due date.	Yes <input type="checkbox"/> No <input type="checkbox"/> Estimated Due Date: ____/____/____	Yes <input type="checkbox"/> No <input type="checkbox"/> Estimated Due Date: ____/____/____
Benefits claimed: (Please circle)	Incapacity Benefit <input type="checkbox"/> Income support <input type="checkbox"/> Housing Benefit <input type="checkbox"/> Council Tax Benefit <input type="checkbox"/> DLA/AA <input type="checkbox"/> Carers Allowance <input type="checkbox"/>	Job seekers allowance <input type="checkbox"/> Pension Credits <input type="checkbox"/> Working Tax Credit <input type="checkbox"/> Child Tax Credit <input type="checkbox"/> Disability Allowance <input type="checkbox"/> Other <input type="checkbox"/>

Housing Status: (Please circle)	Owner Occupied <input type="checkbox"/>	Privately rented <input type="checkbox"/>	Housing Association <input type="checkbox"/>	Local Authority <input type="checkbox"/>
	Living with Parents <input type="checkbox"/>	Traveller <input type="checkbox"/>	Temp. accommodation <input type="checkbox"/>	
	Other: _____			

Child Details:	Child 1 Details (C1):	Child 2 Details (C2):
First Name:		
Last Name:		
Date of Birth:		
Gender:		
Birth Weight:		
Was your child breastfed?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, at what age did you stop? _____	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, at what age did you stop? _____
Do you consider your child to have any disability or special need? Please give details.		

Name of GP or Surgery:	Name of Family Health Visitor or Practice:
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Ethnicity									
	P/C 1	P/C 2	C 1	C 2	P/C 1	P/C 2	C 1	C 2	
White British					White Other				
White Irish					Mixed – White and Black Caribbean				
White – Traveller of Irish Heritage					Mixed – White and Black African				
White - Traveller					Mixed – White and Asian				
White Gypsy/Roma					Any other mixed background				
White – Bosnian-Herzegovinian					Asian or British Asian - Indian				
White - Croatian					Asian or British Asian - Pakistani				
White - Albanian					Asian or British Asian - Bangladeshi				
White - Kosovan					Any other Asian background				
White - Serbian					Black or Black British - Caribbean				
White – Greek/Greek Cypriot					Black or Black British – Ghanaian, Nigerian, Congolese, Ugandan, Black South African, Zimbabwean, Rwandan and all other central and southern African countries				
White – Turkish/Turkish Cypriot					Any other Black background				
White – Eastern European					Chinese				
White – Western European					Any other ethnic group				

Data Protection Act 1998

I agree that my information will be retained by Lloyd Park Children's Centre and the London Borough of Waltham Forest (LBWF). It will be shared with partner organisations for research purposes: providing statistical data to those who provide funding, sharing statistical data with other professional agencies and informing me of Children Centre activities. My personal details will remain confidential to Lloyd Park Children's Centre and LBWF unless a referral is made on my behalf and with my consent. I understand that LBWF will not pass my personal information to organisations for marketing or sales purposes.

Parent/Carer 1 Signature:

Date:

Parent/Carer 2 Signature:

Date: