

CHILDREN'S DETAILS - Please provide details about the children in your household—if there are more than two children, ask for a follow-on additional sheet.

First and Middle Names:	Surname:	Date of Birth:
--------------------------------	-----------------	-----------------------

Gender: Please tick Male <input type="checkbox"/> Female <input type="checkbox"/>	Birth Weight:	No. of weeks pregnant at birth (Gestation):	NHS Number:
---	----------------------	--	--------------------

Breastfeeding information:
 Did you breastfeed your child at: *(please circle)*
Birth: Yes / No **6 weeks :** Yes / No **3 Months:** Yes / No **6 Months:** Yes / No **1 yr +:** Yes / No

Does the child have: A registered disability: Yes <input type="checkbox"/> No <input type="checkbox"/> Special educational needs: Yes <input type="checkbox"/> No <input type="checkbox"/> Additional needs: Yes <input type="checkbox"/> No <input type="checkbox"/>	Ethnicity: Is English your first language? Y/N If not please specify?	Name of Nursery / School / Childminder
---	---	---

Please tick if you do NOT give permission for photos to be take of your child and used :
 In Children's Centres On Internet

OTHER DETAILS

If one parent lives at a separate address, please provide the name of the parent/carer and address here:	If there is any additional information which you would like to provide, please write here:
---	---

***ESSENTIAL INFORMATION** - Please read carefully, tick all appropriate boxes and sign the declaration (either parent/carer can sign this form on behalf of the family)

By signing the declaration below, I / We agree to information about myself and any dependents being kept on the Lancashire County Council Children's Centres database and as a written record. I/We understand that this information will be used for monitoring and evaluation purposes in connection with the provision of children's centre services and agree to be contacted for feedback on these services. I/We give permission for the Children's Centre to share this information with its partner agencies for the purposes of providing support to myself or my child(ren). Where possible we will discuss this you before we share any information. The data controller is Lancashire County Council and you can get information about how your information is used by writing to the Data Protection Officer, PO Box 78, County Hall, Preston, PR1 8XJ, 01772 531116.

Please tick here if you do **NOT** want to receive information about events or activities organised by the children's centre or its partners.

***Signed (Carer/Guardian)** ***Signed (Carer/Guardian)**
***Date** ***Date**

Lancashire Children's Centres Registration Form
Getting to Know You and Your Family

MIS Number..... **Date.....**
 Staff Name Completing form **Date completed.....**
INFORMATION WHICH IS HIGHLIGHTED GREY IS ESSENTIAL AND MUST BE COMPLETED

YOUR FAMILY DETAILS – Please provide details about your household

Have you ever attended any children's centre? Yes / No

Please specify which children's centre:

Family Address:	Home Phone Number:
Postcode:	Mobile Number / Name:
Email Address:	

AGENCIES—Please provide details about any other agencies you are linked with

Name of Health Visitor:	Name of Midwife:
Is your family registered with a Doctor? Yes / No	Is your family registered with a Dentist? Yes / No
Name of Doctor/Surgery:	

Any other agencies involved? (please give information of any other agencies who you are linked with)

FOR OFFICE USE ONLY

HVI CP CAF

Notes

MAIN CARERS DETAILS – Please provide details about you, your partner or any other carers associated with the children listed on this form – if there are more than two carers, ask for a follow-on additional sheet

Mr, Miss, Mrs, Ms,	First and Middle Names:	Surname:
---------------------------	--------------------------------	-----------------

Date of Birth:	Gender: Please tick Male <input type="checkbox"/> Female <input type="checkbox"/>	Are you a lone parent: Yes <input type="checkbox"/> No <input type="checkbox"/>	Do You Smoke: Please circle Yes / No / Trying to quit
-----------------------	---	---	---

Your Ethnicity:	Are you: (circle any that apply) Employed Full Time <input type="checkbox"/> Employed Part Time <input type="checkbox"/> Full Time Carer <input type="checkbox"/> Unemployed <input type="checkbox"/> In Training /Student <input type="checkbox"/> Self - Employed <input type="checkbox"/> Retired <input type="checkbox"/> Maternity Leave <input type="checkbox"/> (Estimated end date.....)
Is English your first language? Y/ N If not please specify?	

Do You have: A registered disability: Yes <input type="checkbox"/> No <input type="checkbox"/> Special educational needs: Yes <input type="checkbox"/> No <input type="checkbox"/> Additional needs: Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you a registered childminder?: Yes <input type="checkbox"/> No <input type="checkbox"/> Are you a Foster Carer?: Yes <input type="checkbox"/> No <input type="checkbox"/> Does anyone in your household work? Yes <input type="checkbox"/> No <input type="checkbox"/>
---	---

What is your relationship to the children on this form? Birth Mother Birth Father
Grandparent Foster Carer Adoptive Parent
Other Carer (e.g. Parents partner), specify

Are you seeking asylum? Y/N **Are you or have you been in the Armed Forces?** Y/N
Are you an Ex-Offender? Y/ N

PREGNANCY INFORMATION - Please give details if you or your partner are pregnant

Are you or your partner pregnant? Who?
Due Date **Pregnancy number (1st, 2nd etc):**
Multiple Pregnancy (if yes, please specify):

EMERGENCY CONTACT DETAILS: In the event of an emergency please provide the name/s of a contact person/s

Name:	Name:
Number:	Number:
Relationship to child :	Relationship to child :

YOUR PARTNER / OTHER CARER DETAILS

Mr, Miss, Mrs, Ms,	First and Middle Names:	Surname:	
Date of Birth:	Gender: Please tick Male <input type="checkbox"/> Female <input type="checkbox"/>	Are you a lone parent: Yes <input type="checkbox"/> No <input type="checkbox"/>	Do You Smoke: Please circle Yes / No / Trying to quit

Your Ethnicity:	Are you: (circle any that apply) Employed Full Time <input type="checkbox"/> Employed Part Time <input type="checkbox"/> Full Time Carer <input type="checkbox"/> Unemployed <input type="checkbox"/> In Training/Student <input type="checkbox"/> Self - Employed <input type="checkbox"/> Retired <input type="checkbox"/> Maternity Leave <input type="checkbox"/> (Estimated end date.....)
Is English your first language? Y/ N If not please specify?	

Do You have: A registered disability: Yes <input type="checkbox"/> No <input type="checkbox"/> Special educational needs: Yes <input type="checkbox"/> No <input type="checkbox"/> Additional needs: Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you a registered childminder?: Yes <input type="checkbox"/> No <input type="checkbox"/> Are you a Foster Carer?: Yes <input type="checkbox"/> No <input type="checkbox"/> Does anyone in your household work? Yes <input type="checkbox"/> No <input type="checkbox"/>
---	---

What is your relationship to the children on this form? Birth Mother Birth Father
Grandparent Foster Carer Adoptive Parent
Other Carer (e.g. Parents partner), specify

Are you seeking asylum? Y/ N **Are you or have you been in the Armed Forces?** Y/ N
Are you an Ex-Offender? Y/ N

CHILDREN'S DETAILS - Please provide details about the children in your household—if there are more than two children, ask for a follow-on additional sheet.

First and Middle Names:	Surname:	Date of Birth:	
Gender: Please tick Male <input type="checkbox"/> Female <input type="checkbox"/>	Birth Weight:	No. of weeks pregnant at birth (Gestation):	NHS Number:

Breastfeeding information:
Did you breastfeed your child at: (please circle)
Birth: Yes / No **6 weeks :** Yes / No **3 Months:** Yes / No **6 Months:** Yes / No **1 yr +:** Yes / No

Does the child have: A registered disability: Yes <input type="checkbox"/> No <input type="checkbox"/> Special educational needs: Yes <input type="checkbox"/> No <input type="checkbox"/> Additional needs: Yes <input type="checkbox"/> No <input type="checkbox"/>	Ethnicity: Is English your child's first language? Y/ N If not please specify?	Name of Nursery / School / Childminder
---	--	---

Please tick if you do **NOT** give permission for photos to be taken of your child and used :
In Children's Centre On Internet