

SURE START CHILDREN'S CENTRE REGISTRATION FORM

MOTHER / FATHER / CARER DETAILS

Title First Name(s)
Surname
Address

Postcode Email
Telephone Home Mobile
Date of Birth Gender ☐ Female ☐ Male Ethnicity Code
Are you a Lone Parent? (You do **NOT** have a partner in the family home) ☐ Yes ☐ No
GP Surgery
Registered with a Dental Surgery ☐ Yes ☐ No Surgery
What is the main language you speak?
What is your level of English? ☐ Fluent ☐ Basic ☐ Not Spoken ☐ Unknown ☐ Interpreter required
Do you consider yourself to have a disability? ☐ Yes ☐ No
If yes, please give details
Do you smoke? ☐ Yes ☐ No Does anyone else in the household smoke? ☐ Yes ☐ No
Employment status ☐ Employed full time ☐ Employed part time ☐ Self Employed
☐ Unemployed and looking for work ☐ Looking after home/family ☐ Permanently sick/disabled
☐ Retired ☐ Student (unpaid) ☐ Unemployed not looking for work
If you are currently Unemployed does anyone else in the household work? ☐ Yes ☐ No
If pregnant, when is the baby due? NHS Number
Relationship to Child(ren) 1 2

OTHER MOTHER / FATHER / CARER DETAILS (Any other carer who wishes to register)

Title First Name(s)
Surname
Address (if different)

Postcode Email
Telephone Home Mobile
Date of Birth Gender ☐ Female ☐ Male Ethnicity Code
GP Surgery
What is the main language you speak?
What is your level of English? ☐ Fluent ☐ Basic ☐ Not Spoken ☐ Unknown ☐ Interpreter required
Do you consider yourself to have a disability? ☐ Yes ☐ No
If yes, please give details
Do you smoke? ☐ Yes ☐ No Does anyone else in the household smoke? ☐ Yes ☐ No

Employment status ☐ Employed full time ☐ Employed part time ☐ Self Employed
☐ Unemployed and looking for work ☐ Looking after home/family ☐ Permanently sick/disabled
☐ Retired ☐ Student (unpaid) ☐ Unemployed not looking for work

If pregnant, when is the baby due?

Relationship to Child(ren) 1 2

NHS Number

CHILD 1

First Name(s) Surname

Date of Birth Gender ☐ Male ☐ Female Ethnicity Code

Address (if different)

Postcode NHS Number

Additional Need/ Disability SEN Code

CHILD 2

First Name(s) Surname

Date of Birth Gender ☐ Male ☐ Female Ethnicity Code

Address (if different)

Postcode NHS Number

Additional Need/ Disability SEN Code

CONSENT

I understand that the information I have provided will be kept on file (including the Local Authority's Sure Start Children's Centre database, eStart), for statistical monitoring, evaluation and signposting purposes by the Sure Start Children's Centre, Local Authority and relevant partners such as the Department For Education, Health Services and Jobcentre Plus. I understand that my personal information will never be given out to other agencies. I have seen the Privacy Notice provided in relation to the use of the information contained in this form.

I would like to receive information from the Local Authority and Sure Start Children's Centre about services and events

(Please tick the box if you do **NOT** wish to receive information) ☐

If you currently smoke and would like to be contacted by a Smoking Cessation Officer to help you stop please tick the box ☐

Parent / Carer

First Name Surname

Signed Date

I would like to receive information from the Local Authority and Sure Start Children's Centre about services and events

(Please tick the box if you do **NOT** wish to receive information) ☐

If you currently smoke and would like to be contacted by a Smoking Cessation Officer to help you stop please tick the box ☐

Other Parent / Carer

First Name Surname

Signed Date

Staff Member

First Name Surname

Signed Date

CODES FOR ETHNICITY

White British: WBRI **Mixed/ Dual Background:** MWBC White & Black Caribbean **Asian or Asian British** AIND Indian **Black or Black British:** BCRB Caribbean
White Irish: WIRI MWBA White & Black African APKN Pakistani BAFR African
White Traveller of Irish heritage WIRT MWAS White & Asian ABAN Bangladeshi **Any other Black:** BOTH
Any Other White: WOTH **Any Other Mixed:** MOTH **Other Asian:** AOTH **Chinese:** CHNE
Gypsy/ Roma : WROM **Any other Ethnic Group:** OOTH **Not Yet Obtained:** NOBT **Refused to state:** REFU

SEN CODES **No SEN** N **No Diagnosis** ND **School Action or Early Years Action** A **School Action Plus or Early Years Action Plus** P **Statement of SEN** S