

LOSELEY FIELDS CHILDREN'S CENTRE REGISTRATION FORM
Family registration form for Surrey Sure Start Children's Centres

Please use this form to tell us about your family and the children you have parental responsibility for.

Please complete in BLOCK CAPITALS.
Information about your family:

Family address		
Postcode		
Home telephone		
GP Surgery		
Have you or your child/ren been to another children's centre before?	Yes / No	
If yes, name of children's centre		
How did you hear about us?	Midwife / health visitor / other professional / Family Information Service (FIS) / website / promotional event / mobile children's centre / word of mouth / 'Sure Start Children's Centres in Surrey' leaflet (found in child health record/red book) / other (please specify)	
Are you a lone parent?	Yes / No	
Does anyone in your household serve in the armed forces?	Yes / No	

Information about you, as the legal guardian or person with parental responsibility, and your partner:

	You	Your partner (if applicable)
Title	Mr / Mrs / Miss / Ms / Dr	Mr / Mrs / Miss / Ms / Dr
First name/s		
Surname		
Address (if different from family address)		
Postcode		
Marital status	Single / Living with partner / Married / Civil partnership / Separated / Divorced / Widowed	Single / Living with partner / Married / Civil partnership / Separated / Divorced / Widowed
Due date if pregnant		
Relationship to child/ren		
Mobile telephone		
Email address		
Date of birth		
*Please note you do not have to answer the following questions on your partner's behalf, but it will help us if you do.	Yes – Employed for less than 16 hours Yes – Employed for 16 hours or more No – Looking for a job No – Not looking for a job	Yes – Employed for less than 16 hours Yes – Employed for 16 hours or more No – Looking for a job No – Not looking for a job
*Do you have a job or are you self-employed?	No – Full time parent or carer No – Full time student No – Retired	No – Full time parent or carer No – Full time student No – Retired
*Do you receive any of these benefits?	Child Tax Credit / Carers Allowance / Disability Living Allowance / Employment & Support Allowance / Incapacity Benefit / Income Support / Jobseeker's Allowance / Pension Credit / Personal Independence Payment / Working Tax Credit / Universal Credit / Other	Child Tax Credit / Carers Allowance / Disability Living Allowance / Employment & Support Allowance / Incapacity Benefit / Income Support / Jobseeker's Allowance / Pension Credit / Personal Independence Payment / Working Tax Credit / Universal Credit / Other
*Ethnicity (see ethnicity reference list)		
*Do you consider yourself to have a disability?	Yes / No	Yes / No
*Do you need any additional support from the children's centre?	Yes / No	Yes / No
*Do you live in temporary housing?	Yes / No	Yes / No
*What is your first language?		
*What is your level of English?	Fluent / Basic / Interpreter required	Fluent / Basic / Interpreter required
*Do you Smoke?	Yes / No	Yes / No

Please turn over

**Information about the child or children in your family (those you have parental responsibility for).
Please fill in one section for each child:**

	Child 1	Child 2	Child 3	Child 4
First name				
Middle name/s				
Surname				
Date of birth				
School child attends (if applicable)				
Ethnicity				
Gender	Male / Female	Male / Female	Male / Female	Male / Female
Do you consider your child to have a special need?	Yes / No	Yes / No	Yes / No	Yes / No
Do you consider your child to have a disability?	Yes / No	Yes / No	Yes / No	Yes / No
Address (if different from family address)				
Postcode				
Breastfed at birth	Yes / No	Yes / No	Yes / No	Yes / No
Breastfed at 6 weeks	Yes / No / Baby under 6 weeks	Yes / No / Baby under 6 weeks	Yes / No / Baby under 6 weeks	Yes / No / Baby under 6 weeks
Child's weight at birth				
Main carer name				

Photo consent:

Do you consent to your photo or image and that of your child/ren being used to promote and publicise Surrey children's centres in a variety of formats including television, newspapers, video, posters, leaflets, internet and other medium which will allow centres to promote the work they do? Images will not be used for any other purpose.

I consent **I do not consent**

Declaration:

The details given on this form are true to the best of my knowledge. I have the legal right to provide this information.

Name	
Signature	
Date	

If applicable and they are present, please ask your partner to sign below.

Name	
Signature	
Date	

Data Protection Act 1998

Loseley Fields Children's Centre (the 'Centre') respects your privacy rights and is committed to ensuring that it protects your details, the information about your dealings with the Centre and other information available to the Centre ('your information'). In accordance with the Data Protection Act 1998, the Centre will use your information, for the purpose of providing support to children, to (a) deal with your requests and administer its functions, (b) meet its statutory obligations, and (c) prevent and detect fraud. The Centre may share your information (but only with the minimum amount of information necessary to do the above and only where it is lawful to do so) with appropriate departments and agencies in accordance with the Multi Agency Information Sharing Protocol (MAISP). Further details, including a copy of the MAISP can found at www.surreycc.gov.uk

Under the Data Protection Act 1998, Loseley Fields Children's Centre has a legal duty to keep the information held about you and your family up-to-date. **Please inform us if any of your details change.** We will update the information we hold about you to ensure that we are able to offer the most appropriate services and assistance to you and your family.

If you are providing personal information for other people, we would suggest that you inform them of this.

If you would like to apply for access to the information we hold about you please send a written request to Pam Arrowsmith, Loseley Fields Children's Centre, Green Lane, Binscombe, Godalming, Surrey GU7 3TB