

## Children's Centres in Cumbria - Registration Form

### Parent/Carer 1

Mr/Mrs/Ms First Name \_\_\_\_\_ Surname \_\_\_\_\_

Any previous surname \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parental Responsibility Yes  No

Gender Male  Female  Transgender  Ethnicity code \_\_\_\_\_

Relationship to child/children \_\_\_\_\_ First language \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Telephone number – home and mobile \_\_\_\_\_

Email \_\_\_\_\_

### Education/work status

Full time employment  Full time education or training  Unemployed   
Part time employment  Part time education or training

### Parent/Carer 2

Relationship to Parent/Carer 1 \_\_\_\_\_

Mr/Mrs/Ms First Name \_\_\_\_\_ Surname \_\_\_\_\_

Any previous surname \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parental Responsibility Yes  No

Gender Male  Female  Transgender  Ethnicity code \_\_\_\_\_

Relationship to child/children \_\_\_\_\_ First language \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Telephone number – home and mobile \_\_\_\_\_

Email \_\_\_\_\_

### Education/work status

Full time employment  Full time education or training  Unemployed   
Part time employment  Part time education or training

#### Ethnicity codes

- |                                  |                                 |                                   |
|----------------------------------|---------------------------------|-----------------------------------|
| A1 - White British               | B3 - White and Asian            | D1 - Black Caribbean              |
| A2 - White Irish                 | B4 - Any other mixed background | D2 - Black African                |
| A3 - Any other White Background  | C1 - Indian                     | E1 - Chinese                      |
| A4 - Traveller of Irish Heritage | C2 - Pakistani                  | E2 - Any other ethnic group       |
| A5 - Gypsy / Roma                | C3 - Bangladeshi                | E3 - Refused                      |
| B1 - White and Black Caribbean   | C4 - Any other Asian background | E4 - Information not yet obtained |
| B2 - White and Black African     |                                 |                                   |

Record details of all the children you wish to register. Record the details of unborn baby by putting 'unborn' in name of child and completing expected date of delivery (EDD).

Name of child	DoB/ EDD	Gender	Ethnicity Code	First Language	Address if different from Parent/Carer
Relationship to Parent/Carer 1		Relationship to Parent/Carer 2			
Relationship to Parent/Carer 1		Relationship to Parent/Carer 2			
Relationship to Parent/Carer 1		Relationship to Parent/Carer 2			
Relationship to Parent/Carer 1		Relationship to Parent/Carer 2			
Relationship to Parent/Carer 1		Relationship to Parent/Carer 2			
Relationship to Parent/Carer 1		Relationship to Parent/Carer 2			

Does anyone named on this form have a disability or any additional needs that you would like to make us aware of?

Name	Details

### Personal Data Consent

I understand that the information provided on this form will be kept on a secure Cumbria County Council database, and will be accessed by a number of authorised persons within the Children's Centres and Children's Services.

I understand that this information will be used for statistical monitoring and evaluation, and to share information with me that I may find useful, and in order to match services to local need. It will be held in accordance with the Data Protection Act 1998 and I have the right to make a request to access my personal data. Further information is available at [http://www.cumbria.gov.uk/Landing\\_page/accesstoinformation.asp](http://www.cumbria.gov.uk/Landing_page/accesstoinformation.asp) I understand that my personal data will never be shared with other agencies without my consent unless there is a valid reason to do so.

### Consent

I have read and understood the information, and have retained the leaflet that accompanies this form.

Parent/carer 1

First name

Surname

Signature

Date

Parent/carer 2

First name

Surname

Signature

Date

## Additional Family Members

First name _____	Surname _____
Address _____	
_____	
Relationship to main applicant _____	Ethnicity code _____
Signature <input type="text"/>	Date <input type="text"/>

First name _____	Surname _____
Address _____	
_____	
Relationship to main applicant _____	Ethnicity code _____
Signature <input type="text"/>	Date <input type="text"/>

First name _____	Surname _____
Address _____	
_____	
Relationship to main applicant _____	Ethnicity code _____
Signature <input type="text"/>	Date <input type="text"/>

First name _____	Surname _____
Address _____	
_____	
Relationship to main applicant _____	Ethnicity code _____
Signature <input type="text"/>	Date <input type="text"/>

### Ethnicity codes

A1 - White British  
A2 - White Irish  
A3 - Any other White Background  
A4 - Traveller of Irish Heritage  
A5 - Gypsy / Roma  
B1 - White and Black Caribbean  
B2 - White and Black African

B3 - White and Asian  
B4 - Any other mixed background  
C1 - Indian  
C2 - Pakistani  
C3 - Bangladeshi  
C4 - Any other Asian background

D1 - Black Caribbean  
D2 - Black African  
E1 - Chinese  
E2 - Any other ethnic group  
E3 - Refused  
E4 - Information not yet obtained