

Children's Centre Registration Form



**London Borough
of Hounslow**

Please fill out all highlighted sections of this form:	Primary Carer	Second Carer (Including nannies, Au pairs etc.) <i>To add More than two carers please fill in additional registration form and attach</i>
Title	Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other <input type="checkbox"/>	Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other <input type="checkbox"/>
Marital status:	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Living together <input type="checkbox"/> Lone parent <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Other	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Living together <input type="checkbox"/> Lone parent <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Other
First Name:		
Last Name:		
Address:		(if different from primary carer)
Postcode:		
Contact Number:		
Email address:		
Date of birth:	DD MM YYYY	DD MM YYYY
Relationship to child:		
Pregnant/Due Date	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, due date: DD/MM/YYYY	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, due date: DD/MM/YYYY
Ethnicity code (see below):		
Languages spoken at home:		
Do you have a Disability or Special Educational Need (Including mental health)?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify:	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify:
Do you require:	<input type="checkbox"/> Interpreter <input type="checkbox"/> Signer	<input type="checkbox"/> Interpreter <input type="checkbox"/> Signer
Do you receive any of the following? (please tick all that apply):	<input type="checkbox"/> None <input type="checkbox"/> Universal Credit <input type="checkbox"/> Income Support <input type="checkbox"/> Job Seekers Allowance <input type="checkbox"/> Pension Credit <input type="checkbox"/> Employment and Support Allowance <input type="checkbox"/> Personal Independence Payment <input type="checkbox"/> Childcare Element of Working Tax Credit	<input type="checkbox"/> None <input type="checkbox"/> Universal Credit <input type="checkbox"/> Income Support <input type="checkbox"/> Job Seekers Allowance <input type="checkbox"/> Pension Credit <input type="checkbox"/> Employment and Support Allowance <input type="checkbox"/> Personal Independence Payment <input type="checkbox"/> Childcare Element of Working Tax Credit
Do you need any help in returning to training or employment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you interested in volunteering?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever worked as part of the armed forces?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you smoke?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Tick if you would like help quitting? <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Tick if you would like help quitting? <input type="checkbox"/>

Free Childcare and Early Education- To receive further information or see if you qualify, tick the relevant box and we will contact you:

- Some 2-year old's are eligible for a free childcare and early education place, dependent on family income
 All 3-4-year old's are eligible for a free 15 hours childcare and early education place
 Some 3-4-year old's are eligible for a free 30 Hours childcare and early education place, dependent on family income

1. Bangladeshi 2. Indian 3. Any Other Asian Background 4. Pakistani 5. Black – African 6. Black Caribbean 7. Any Other Black Background	Ethnicity Codes 8. Chinese 9. Any Other Mixed Background 10. White and Asian 11. White and Black African 12. White and Black Caribbean 13. Any Other Ethnic Group	14. White-British 15. White-Irish 16. Traveller of Irish Heritage 17. Any Other White Background 18. Gypsy / Roma 19. Rather not say
---	--	---

Children's Centre Registration Form-Part 2



**London Borough
of Hounslow**

If you have more than two children to register, please fill in 'part 2' on an additional registration form

Please fill out all highlighted sections of this form:	Child 1	Child 2
First Name:		
Last Name:		
Date of birth:	DD MM YYYY	DD MM YYYY
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Ethnicity code (see bottom of first page):		
Does Your child have a Disability or Special Educational Need?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give further details:	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give further details:
Is your child attending a nursery or school?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give details:	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give details:
Would you like help applying for a nursery or school?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are your child's Immunisations up to date?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
Has your child attended their 1-Year Health Review?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
Has your child attended their 27-Month Health Review?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
Has your child seen the dentist within the last year?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has your child been registered at a GP surgery?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give further details:	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give further details:
Have any support service or agency ever worked with your family e.g. Social services?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give details:.....	
Emergency Contact:	Name:.....Contact Number:.....	

Privacy and Data Protection

The information you provide will be held by Hounslow Borough Council in line with the Data Protection Act 2018 and the General Data Protection Regulation and may be used by the Council and other children's centre partner organisations, such as Local NHS & care agencies. This information will be used to help keep you informed about services for you and your family in your local area, it will also be used to help us monitor and improve these services in the future. If you have any further questions or would like information on how your data will be used, please speak to a member of the team or visit:

https://www.hounslow.gov.uk/info/20110/open_data_and_information_requests/1368/privacy_notice/3

Internal Use Only

Professional's Agency:

Health Visitor Children's Centre

Other

Family ID:.....

Input By:.....

Actions:.....

Followed up by:.....

Print Name: Date: DD MM YYYY Signature:.....

I wish to receive correspondence from Children's Centres

I agree to not use my mobile phone during sessions

I have read and agree to the above privacy and data protection policy