

## Children's Centre Registration Form

We will use your information to provide the service requested. We may share your personal data within our organisation and with the Royal Borough of Greenwich Children and Young People's Service Partners for the purpose of delivering service.



### Parent/Carer 1 (Main Carer)

|   |  |                                  |                                  |
|---|--|----------------------------------|----------------------------------|
| <b>Family Address</b>   |  |                                  |                                  |
| <b>Post Code</b>  | <b>Phone Number</b>  | <b>Email</b>                     |                                  |
| Click or tap here to enter text.                                      | Click or tap here to enter text.                                 | Click or tap here to enter text. |                                  |
| <b>First Name</b>   | Click or tap here to enter text.                                 | <b>Last Name</b>                 | Click or tap here to enter text. |
| <b>Language spoken at home</b>  | Click or tap here to enter text.                                 | <b>Date of Birth</b>             | Click or tap to enter a date.    |
| <b>Relationship to Child</b>  | Click or tap here to enter text.                                 | If pregnant please give due date | Click or tap to enter a date.    |
| <b>Ethnicity</b>  | Choose an item.  | <b>Gender</b>                    | Choose an item.                  |
| <b>Are you a lone parent?</b>   | Choose an item.  | <b>Do you smoke?</b>             | Choose an item.                  |
| <b>Are you an asylum seeker or refugee?</b>                           | Choose an item.  | <b>Are you employed?</b>         | Choose an item.                  |
| <b>Do you consider yourself to have a disability or special need?</b> | (If yes please give details)<br>Click or tap here to enter text. |                                  |                                  |

## Parent/Carer 2

|  |  |                                  |                                  |
|--|--|----------------------------------|----------------------------------|
| Address (if different from family address)                     | Click or tap here to enter text.                                 |                                  |                                  |
| Post Code  | Phone Number   | Email                            |                                  |
| Click or tap here to enter text.                               | Click or tap here to enter text.                                 | Click or tap here to enter text. |                                  |
| First Name   | Click or tap here to enter text.                                 | Last Name                        | Click or tap here to enter text. |
| Language spoken at home  | Click or tap here to enter text.                                 | Date of Birth                    | Click or tap to enter a date.    |
| Relationship to Child  | Click or tap here to enter text.                                 | If pregnant please give due date | Click or tap to enter a date.    |
| Ethnicity  | Choose an item.  | Gender                           | Choose an item.                  |
| Are you a lone parent?   | Choose an item.  | Do you smoke?                    | Choose an item.                  |
| Are you an asylum seeker or refugee?                           | Choose an item.  | Are you employed?                | Choose an item.                  |
| Do you consider yourself to have a disability or special need? | (If yes please give details)<br>Click or tap here to enter text. |                                  |                                  |

## Child 1

|  |   |        |                 |           |                 |
|--|---|--------|-----------------|-----------|-----------------|
| First Name   | Click or tap here to enter text.                                  |        |                 |           |                 |
| Last Name  | Click or tap here to enter text.                                  |        |                 |           |                 |
| Date of Birth  | Click or tap to enter a date.                                     | Gender | Choose an item. | Ethnicity | Choose an item. |
| Address if different from above                                  | Click or tap here to enter text.                                  |        |                 |           |                 |
| Do you consider your child to have a disability or special needs | (If yes, please give details)<br>Click or tap here to enter text. |        |                 |           |                 |

## Child 2

|  |   |                                  |                 |           |                 |
|--|---|----------------------------------|-----------------|-----------|-----------------|
| First Name   |   | Click or tap here to enter text. |                 |           |                 |
| Last Name  |   | Click or tap here to enter text. |                 |           |                 |
| Date of Birth  | Click or tap to enter a date.                                     | Gender                           | Choose an item. | Ethnicity | Choose an item. |
| Address if different from above                                  | Click or tap here to enter text.                                  |                                  |                 |           |                 |
| Do you consider your child to have a disability or special needs | (If yes, please give details)<br>Click or tap here to enter text. |                                  |                 |           |                 |

## Child 3

|  |   |                                  |                 |           |                 |
|--|---|----------------------------------|-----------------|-----------|-----------------|
| First Name   |   | Click or tap here to enter text. |                 |           |                 |
| Last Name  |   | Click or tap here to enter text. |                 |           |                 |
| Date of Birth  | Click or tap to enter a date.                                     | Gender                           | Choose an item. | Ethnicity | Choose an item. |
| Address if different from above                                  | Click or tap here to enter text.                                  |                                  |                 |           |                 |
| Do you consider your child to have a disability or special needs | (If yes, please give details)<br>Click or tap here to enter text. |                                  |                 |           |                 |

## **What is a Children's Centre?**

Children's Centres offer all families with children under five a range of services, information and support in their local community. The support varies according to local needs but most centres offer the following:

- advice during pregnancy and when your baby is born
- home visiting
- family drop-ins
- parenting support
- information about your child's health needs
- training courses to improve your life skills
- help finding specialist groups and services
- family support

Centres work closely with other local organisations, so if there is something they can't help you with themselves, they will usually be able to give you details of an organisation who can.

You can find out more information on Royal Borough of Greenwich Children's Centres by visiting

[www.royalgreenwich.gov.uk/directory/15/directory\\_childrens\\_centres](http://www.royalgreenwich.gov.uk/directory/15/directory_childrens_centres)

**PLEASE COMPLETE THE CONSENT PART OF THIS FORM OVERLEAF**

| 8. Consent Statement: I agree to the use and sharing of information as set out in the following statements:  | Tick to agree            |
|--|--------------------------|
| a) I consent to being contacted by phone / text / email / post*<br>(delete as applicable)  | <input type="checkbox"/> |
| I consent to being contacted by telephone by the UNICEF Baby Friendly Initiative   | <input type="checkbox"/> |
| b) I understand that I do not have to give this agreement and it will not affect the other services that I receive and I can withdraw my agreement at any time | <input type="checkbox"/> |

### Consent

I give my consent for the details on this form and the collection of information about my family and the services I attend at Children's Centres to be held on the children's centre database commissioned and overseen by Royal Greenwich. This is so that with them we can monitor our service, share information with other Children's Centre partners, neighbouring boroughs, agencies such as health and other professionals. All information provided will be treated in confidence and in accordance with the Data Protection Act 1998 and General Data Protection Regulations.

**Please check box to show you consent**

**Date:** Click or tap to enter a date.

### Consent

I give my consent for the Children's Centre to use photographs of me and my child/ren while attending the centre or events, for display around the centre, on our website, on social media and for wider marketing.

If at any time you want to withdraw this consent, please let your Children's Centre know

**Please check box to show you consent**

**Date:** Click or tap to enter a date.

Office use only: Completed by: Click or tap here to enter text.

Click or tap to enter a date.