Sure Start Children's Centres
East Riding

EAST RIDING OF YORKSHIRE COUNCIL

REGISTRATION FORM

Family ID number	

Primary Carer					Secondary Carer (if it is the same information write same)				
Mr ☐	Mrs ☐	Ms ☐	Miss ☐	Other	Mr ☐	Mrs ☐	Ms ☐	Miss ☐	Other .....
First Name					**First Name**				
Surname					**Surname**				
Date of Birth					**Date of Birth**				
Relationship to child:					**Relationship to child:**				
Gender	☐ Male ☐ Female	☐ Trans ☐ Other	☐ Prefer not to say		**Gender**	☐ Male ☐ Female	☐ Trans ☐ Other	☐ Prefer not to say	

Home Address		**Home Address**	
Postcode		**Postcode**	
Home/Mobile Telephone No.		**Home/Mobile Telephone No.**	
Email Address		**Email Address**	
Health Visitor		**Health Visitor**	
Clinic/Centre		**Clinic/Centre**	

Are you expecting a baby? ☐ Yes ☐ No If, **Yes** the due date is?			**Are you expecting a baby?** ☐ Yes ☐ No If, **Yes** the due date is?	
Are you a lone parent?	☐ Yes	☐ No	**Are you a lone parent?**	☐ Yes ☐ No
Ethnicity Please indicate which ethnic group you consider you belong to:	☐ White – British ☐ Any other White background ☐ Black- British ☐ Any other Black background ☐ Any Asian background ☐ Any Mixed background ☐ Any other Ethnic group ☐ Traveller / Gypsy/Roma ☐ Prefer not to say		**Ethnicity** Please indicate which ethnic group you consider you belong to:	☐ White – British ☐ Any other White background ☐ Black- British ☐ Any other Black background ☐ Any Asian background ☐ Any Mixed background ☐ Any other Ethnic group ☐ Traveller / Gypsy/Roma ☐ Prefer not to say
What language do you use at home?			**What language do you use at home?**	
Do you consider you have a disability/ special need or medical condition?	☐ Yes ☐ No *Details* ..... *I need the following adjustments*		**Do you consider you have a disability/ special need or medical condition?**	☐ Yes ☐ No *Details* ..... *I need the following adjustments* .....

Child 1		Child 2	
First Name		**First Name**	
Surname		**Surname**	
Date of Birth		**Date of Birth**	
Gender	☐ Male ☐ Female	**Gender**	☐ Male ☐ Female
Ethnicity Please indicate which ethnic group you consider you belong to	☐ White – British ☐ Any other White background ☐ Black- British ☐ Any other Black background ☐ Any Asian background ☐ Any Mixed background ☐ Any other Ethnic group ☐ Traveller / Gypsy/Roma ☐ Prefer not to say	**Ethnicity** Please indicate which ethnic group you consider you belong to	☐ White – British ☐ Any other White background ☐ Black- British ☐ Any other Black background ☐ Any Asian background ☐ Any Mixed background ☐ Any other Ethnic group ☐ Traveller / Gypsy/Roma ☐ Prefer not to say
Do you consider your child has a disability/ special need or medical condition?	☐ Yes ☐ No *Details* ..... *He/she needs the following adjustments*	**Do you consider your child has a disability/ special need or medical condition?**	☐ Yes ☐ No *Details* ..... *He/she needs the following adjustments* .....

Child 3		Child 4	
First Name		**First Name**	
Surname		**Surname**	
Date of Birth		**Date of Birth**	
Gender	☐ Male ☐ Female	**Gender**	☐ Male ☐ Female
Ethnicity Please indicate which ethnic group you consider you belong to	☐ White – British ☐ Any other White background ☐ Black- British ☐ Any other Black background ☐ Any Asian background ☐ Any Mixed background ☐ Any other Ethnic group ☐ Traveller / Gypsy/Roma ☐ Prefer not to say	**Ethnicity** Please indicate which ethnic group you consider you belong to	☐ White – British ☐ Any other White background ☐ Black- British ☐ Any other Black background ☐ Any Asian background ☐ Any Mixed background ☐ Any other Ethnic group ☐ Traveller / Gypsy/Roma ☐ Prefer not to say
Do you consider your child has a disability/ special need or medical condition?	☐ Yes ☐ No *Details* ..... *He/she needs the following adjustments*	**Do you consider your child has a disability/ special need or medical condition?**	☐ Yes ☐ No *Details* ..... *He/she needs the following adjustments* .....

How we use your data

The information on this form will be stored securely by East Riding of Yorkshire Council and used to provide you with our services, keep you informed and for monitoring purposes. The information will be processed in accordance with the Data Protection Act 1998. Please also be aware that should any safeguarding concerns arise, information may be shared in order to protect the safety of the individuals concerned. This will only be done under the guidance of the local safeguarding children board and specialist teams.

Declaration

I understand that the information I have given about myself and any other individuals will be held and processed by East Riding of Yorkshire Council and it is my responsibility to make the other adults listed on this form aware that their details have been provided.

Carer 1		Carer 2	
Signature		**Signature**	
Date		**Date**	

Look at what is on offer at your local Children's Centre in our 'What's On Guides' which are available on our website
www.eastriding.gov.uk/childrenscentres