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 I (| Main Carer) | | |
|--|------------------------------|--|-------------------------------|
| Family Address | , | | |
| Post Code | Phone Number | Email | |
| 1 632 6646 | | | |
| First Name | | Last Name | |
| Language spoken at home | | Date of Birth (if under 21) | |
| Relationship to Child | | If pregnant please give due date | |
| Ethnicity (see table) | | Gender Male/Female (Please tick) | Male Female Prefer not to say |
| Are you a lone parent? | ΥN | Do you smoke? | Y N |
| Are you an asylum seeker or refugee? | ΥN | Are you employed? | Y N |
| Do you consider yourself to have a disability or special | (If yes please give details) | | |

Ethnicity Table

need?

| Ethincity rab | | | | |
|-------------------|---------------------------|---------------------------|---------------------------------|--------------------------------|
| White | Black or Black British | Asian or Asian British | Mixed | Other |
| AlBritish | B1 Caribbean | C1 Indian | D1 White and Black Caribbean | E1 Chinese |
| A2 White Irish | B2 Black African | C2 Pakistani | D2 White and Black African | E2 Gypsy/Roma |
| A3 White other | B3 Black Other | C3 Bangladeshi | D3 White and Asian | E3 Other (Please give details) |
| | | C4 Asian Other | D4 Any other mixed | |

Parent/Carer 2 Address (if different from àbove) Phone Number Email Post Code Last Name First Name Date of Birth Language spoken at (if under 21) home If pregnant please Relationship to give due date Child Gender Male Male/Female Ethnicity (see table) (Please tick) Female Prefer not to say Are you a lone Do you smoke? Υ Ν Υ Ν parent? Are you Are you an asylum Υ Ν Υ Ν employed? seeker or refugee? Do you consider (If yes please give details) yourself to have a disability or special need? Child I First Name Last Name Date of Birth Ethnicity Gender (See table) Address if different from above (If yes, please give details) Do you consider your child to have a disability or special needs Child 2 First Name Last Name Date of Birth Gender Ethnicity (See table) Address if different from above (If yes, please give details) Do you consider your child to have a disability or special needs

Child 3

| First Name | | | | |
|--|-------------------------|---------|--------------------------|--|
| Last Name | | | | |
| Date of Birth | | Gender | Ethnicity (See table) | |
| Address if different from above | | | | |
| Do you consider your child to have a disability or special needs | (If yes, please give de | etails) | | |

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

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: | | |
|---|--|--|
| a) | I consent to being contacted by phone / text / email / post* | |
| | (delete as applicable) | |
| | II consent to being contacted by telephone by the UNICEF Baby | |
| | Friendly Initiative | |
| 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 | |

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.

| Parent/Carer signature | 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.

| Parent/Carer signature | Date: |
|------------------------|-------|
| | |

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

| Office use only: Completed by: | Date: |
|--------------------------------|-------|
| | |