

CHILDREN'S DETAILS 0- 5YRS (As they appear on the birth certificate)			
	Child 1	Child 2	Child 3
First Name:			
Last Name:			
Date of Birth:	/ /	/ /	/ /
Gender:	<input type="checkbox"/> Boy <input type="checkbox"/> Girl	<input type="checkbox"/> Boy <input type="checkbox"/> Girl	<input type="checkbox"/> Boy <input type="checkbox"/> Girl
Ethnicity (see below):			
Do you consider this child to have a disability or Special Educational Needs?	<input type="checkbox"/> Yes <input type="checkbox"/> No Please describe briefly:	<input type="checkbox"/> Yes <input type="checkbox"/> No Please describe briefly:	<input type="checkbox"/> Yes <input type="checkbox"/> No Please describe briefly:
Nursery/Playgroup/Childminder attended:			

ETHNIC BACKGROUNDS				
ASIAN	BLACK	MIXED	WHITE	OTHER
Bangladeshi	African	White & Black African	White British	Chinese
Indian	Caribbean	White & Asian	White Irish	Gypsy/Roma
Pakistan	Other Black Background	White & Black Caribbean	Traveller of Irish Heritage	Latin American
Other Asian		Other Mixed	White Other	Other Kurdish
				Other Ethnic Group (Specify)

DATA PROTECTION ACT 1998 - PLEASE READ CAREFULLY AND SIGN THE FOLLOWING

- I agree that the information recorded on this form will be stored securely and used to enable the Children's Centres staff to offer appropriate support
- I understand that this information may be shared with partner organisations, funding bodies and other professional agencies for monitoring and evaluation purposes
- This information may be shared with other professional agencies if there are safety concerns about me or my child/ren.
- All this information will be kept in line with the Data Protection Act 1998, and I will have the right to access any information held about me or my child/ren
- I understand that my personal information will not be passed to organisations for marketing or sales purposes.

USE OF PHOTOGRAPHIC IMAGES

Photographs/videos may be taken/recorded during group activities provided by the Children's Centre for use in promotional and or service evaluation.

If you **do not** give permission for photographs/videos to be taken of yourself or your child/children during Children's Centre activities please tick this box

Main Carer Signature: _____ Print Name: _____

Practitioner's Name: _____ Date: _____

TO BE COMPLETED BY CHILDREN'S CENTRE ADMINISTRATOR ONLY

Check form is signed (Please tick)	Entered by	Date	Designated CC

ADDITIONAL INFORMATION REQUIRED (Please tick where applicable)

	Child 1		Child 2		Child 3	
Was this child breast fed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
At Birth						
6 Weeks						
3 Months						
6 months						
1 year						
Was this child immunised?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Immunised at birth						
Immunised at 2 months						
Immunised at 3 months						
Immunised at 4 months						
Immunised at 12 months						
Immunised at 3 years						
Pre-School Booster						

PLEASE TELL US ABOUT ANY OTHER SERVICES YOU MAY BE INTERESTED IN

- Childcare
- Education/Training
- Employment/Career advice
- Health Service/Advice
- Information about local services
- Other (please specify):

HOW DID YOU HEAR ABOUT THIS CHILDREN'S CENTRE?

- Doctor/GP
- Friend
- Health Visitor
- Jobcentre
- Midwife
- Nursery/School
- Poster
- Social Care
- Other - please specify: _____