

# Children's Centre Registration Form

(Please return to: [fsd@merton.gov.uk](mailto:fsd@merton.gov.uk) or Early Years, 10<sup>th</sup> Floor Merton Civic Centre, London Road, Morden, SM4 5DX)



\* - Compulsory Field [ ID Number: ..... ] Please use **BLOCK CAPITALS**

PRIMARY CARER e.g. mother/father	
Name: *	
Title: *	Mr / Mrs / Miss / Ms / Dr
Address: *	
Postcode: *	
Home Tel: *	
GP Surgery:	
Mobile Tel:	
Email address:	
Date of birth: *	
Relationship to child: *	
Lone parent: *	Yes / No
Pregnant / Baby due:	
Are you in:	Paid Employment / Training / Student / Retired
Do you receive any of the following: * (Please circle)	Income Support / Incapacity / Job Seekers Allowance / Pension Credit / Severe Disability Allowance
Ethnicity: * (Please select from list below +)	
Disabilities:	Yes / No
Special Educational Needs:	Yes / No
1 <sup>st</sup> Language: *	
Do you require: *	Interpreter / Signer / Braille
Do you smoke: (Please circle)	Yes / No

SECOND CARER e.g. father/mother/family member	
Name:	
Title:	Mr / Mrs / Miss / Ms / Dr
Address: (if different)	
Postcode:	
Mobile Tel:	
Date of birth:	
Relationship to child: *	
Are you in:	Paid Employment / Training / Student / Retired
Do you receive any of the following: * (Please circle)	Income Support / Incapacity / Job Seekers Allowance / Pension Credit / Severe Disability Allowance
Ethnicity: (Please select from list below +)	
Disabilities:	Yes / No
Special Educational Needs:	Yes / No

YOUNGEST CHILD	
Name: *	
Date of birth: *	
Ethnicity: * (Please select from list below +)	
Gender: *	Male / Female
Disabilities:	Yes / No
Special Educational Needs:	Yes / No
Breast feeding: (Please circle)	At Birth? Yes / No At 6-8 weeks? Yes / No

- + ■ White British / White Irish / Other White
- White & Black Caribbean / White & Black African / White & Asian / Other Mixed
- Indian / Pakistani / Bangladeshi / Other Asian
- Caribbean / African / Other Black Background
- Chinese / other ethnic minority / Traveller – Irish Heritage / Roma or Gypsy Roma

SECOND CHILD	
Name:	
Date of birth:	
Ethnicity: <i>(Please select from list<sup>+</sup>)</i>	
Gender:	Male / Female
Disabilities:	Yes / No
Special Educational Needs:	Yes / No
Breast feeding: <i>(Please circle)</i>	At Birth? Yes / No At 6-8 weeks? Yes / No

THIRD CHILD	
Name:	
Date of birth:	
Ethnicity: <i>(Please select from list<sup>+</sup>)</i>	
Gender:	Male / Female
Disabilities:	Yes / No
Special Educational Needs:	Yes / No
Breast feeding: <i>(Please circle)</i>	At Birth? Yes / No At 6-8 weeks? Yes / No

*For more than 3 children, please add further details on another form or blank piece of paper and attach.*

### PARENT/LEGAL GUARDIAN TO SIGN

<b>Data Protection Agreement:</b>	The information you provide will be held by Merton and may be used by the Council and other children's centre partner organisations. 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 those services in the future. If you have any further questions about the organisations who make up the Children's Centre Teams or how your information will be used, please speak to a member of the team or visit: <a href="http://www.merton.gov.uk/childrens_centre_database">www.merton.gov.uk/childrens_centre_database</a>
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<b>Print Name: *</b>	<b>Date: *</b>
<b>Signature: *</b>	

<b>Agency:<sup>Ψ</sup></b>	<b>Print Name:<sup>Ψ</sup></b>	<b>Email/Contact Details:<sup>Ψ</sup></b>

<sup>Ψ</sup> Please complete if you are a professional completing the form with the family. E.G Health Visitor, Voluntary Sector Organisation, GP

### ADMINISTRATORS:

*After inputting, please write the ID number on the front of the form at the top.*