

Centre: Danson Children's Centre

Person registered by: PN

Activity Contact: Emailed Form

BEXLEY CHILDREN'S CENTRES Registration Form

Membership No.
(office use only)

Parent/Carer to please complete in **BLOCK CAPITALS**

1a. Parent eg. Mum/Carer's forename:.....**Known as**.....**Title: Miss/Ms/Mrs/Mr***
Surname:.....**Relationship to Child**.....**Date of Birth**.....
 Lone parent: Yes/No* Smoker: Yes/No* Employed full time/ part time/ unemployed/ student*
 Additional need/disability: Yes/No*.....Pregnant (due date) **delete as applicable*

1b. Parent eg. Dad/Carer's forename:.....**Known as**.....**Title: Miss/Ms/Mrs/Mr***
Surname:.....**Relationship to Child**.....**Date of Birth**.....
 Lone parent: Yes/No* Smoker: Yes/No* Employed full time/ part time/ unemployed/ student*
 Additional need/disability: Yes/No*.....Pregnant (due date) **delete as applicable*

2. Address

Postcode.....**Email**

Home Telephone**Mobile**

Name of Childminder (if used)

Childminder's address

Childminder's postcode..... **Network Childminder*: Yes/No** **delete as applicable*
 Note: Childminder's details will only be added to your record once a signed consent form has been received from the Childminder

3a. Child's name (and surname)**Known as**.....

MALE/FEMALE* **Date of Birth**..... **Age**..... **Birth weight** lb oz (.....kgs)

Length of pregnancy (in weeks) **Additional need/disability*** **delete as applicable*

3b. Child's name (and surname)**Known as**.....

MALE/FEMALE* **Date of Birth**..... **Age**..... **Birth weight** lb oz (.....kgs)

Length of pregnancy (in weeks) **Additional need/disability*** **delete as applicable*

3c. Child's name (and surname)**Known as**.....

MALE/FEMALE* **Date of Birth**..... **Age**..... **Birth weight** lb oz (.....kgs)

Length of pregnancy (in weeks) **Additional need/disability*** **delete as applicable*

4a. Your Doctor's name & surgery address **4b. Your Health Visitor's name and Clinic address**

5. Where did you hear about the Children's Centre? **delete as applicable*
 Newsletter/Health Visitor/Midwife/Bexley website/Home Visit from Bexley staff/Family Information Service/Visited a centre/Other*:

Our services are for all families from all sections of the community. To make sure we are reaching everyone, please tell us the following information where you feel comfortable doing so....

6. <u>Ethnicity</u> : Are you...		Parent 1a	Parent 1b	Child 3a	Child 3b	Child 3c
White?	British	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Irish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Traveller of Irish heritage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Gypsy/Roma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	White other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mixed?	White & Black Caribbean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	White & Black African	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	White & Asian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Any other Mixed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asian?	Indian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Pakistani	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Bangladeshi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Any other Asian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Black or Black British?	Caribbean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	African	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Any other Black	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chinese?	Chinese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Any other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other ethnic group (please describe).....

7. <u>Religion/Belief (optional)</u> :		Parent 1a	Parent 1b
	Buddhist	<input type="checkbox"/>	<input type="checkbox"/>
	Christian	<input type="checkbox"/>	<input type="checkbox"/>
	Hindu	<input type="checkbox"/>	<input type="checkbox"/>
	Jehovah's Witness	<input type="checkbox"/>	<input type="checkbox"/>
	Jewish	<input type="checkbox"/>	<input type="checkbox"/>
	Muslim	<input type="checkbox"/>	<input type="checkbox"/>
	Sikh	<input type="checkbox"/>	<input type="checkbox"/>
	No religion/belief	<input type="checkbox"/>	<input type="checkbox"/>

Other religion/belief (please describe).....

8. <u>Sexual Orientation (optional)</u> :		Parent 1a	Parent 1b
	Bisexual	<input type="checkbox"/>	<input type="checkbox"/>
	Gay	<input type="checkbox"/>	<input type="checkbox"/>
	Heterosexual	<input type="checkbox"/>	<input type="checkbox"/>
	Lesbian	<input type="checkbox"/>	<input type="checkbox"/>

9. What is the main language spoken at home?

I understand the following regarding my Children's Centre information:

- It will be stored on a database and is protected under the Data Protection Act 1998.
- It will only be shared with other relevant agencies with my express consent unless otherwise allowed under the above mentioned Act and the Children Act 2004.
- It will be updated on the database if my circumstances change.
- I understand that the information may be collated and used anonymously for statistical purposes.

10. I consent to the statements above and photos and/or videos taken at Children's Centre events being used in Children's Centre newsletters, publicity, leaflets.

If you do NOT wish for photographs of your family to be used, please tick the box.

If you do NOT wish for videos of your family to be used, please tick the box.

If you do NOT wish for your mobile number to be used for text messaging, please tick the box.

Signed:(Parent/Carer) Print name

Date

SORRY - UNSIGNED FORMS CANNOT BE ACCEPTED

Please return to: Danson Children's Centre, The Danson Centre, Bexleyheath, Kent, DA7 4EZ