

# LEAVESDEN CHILDREN'S CENTRE

## Enrolment Details



**ACTIVITY NAME:** .....

<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	<input type="checkbox"/> .....	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Your First Name				Surname		
Address						
<i>If you do not wish to give us your full contact details please give us your postcode This helps us monitor that we are reaching all residents of the local area.</i>						
Postcode				Email		
Telephone (day)			(evening)		(mobile)	
What is the best way to contact you?						
Please circle your age group: 14-19 years   20 – 30 yrs   31 – 40 yrs   41 – 59yrs   60+						

**Please complete this section for any children under the age of 4 years old**

	Childs name	Boy or girl?	Date of birth	Does your child have any disabilities?	Relationship to adult: (ie: its my son or nephew)	Which school/nursery do they attend?	Which school will they go to?
1.							
2.							
3.							
4.							
5.							

**What is your ethnic origin** (ie: white UK, Black African, etc) .....

**Do you work?** YES / NO

**please circle the most suitable:**

self employed / Work full time / work part time / not looking for work / retired

Stay at home parent / Maternity or Paternity leave / other what? .....

**Do you consider yourself to have a disability?** YES / NO

(If yes please explain.....)

**WHAT DOCTORS SURGERY DO YOU ATTEND?** .....

**At home do you have access to:** a computer & internet / PC only / Internet only / neither

**How would you like to receive information about the centre's activities?**

posters at the centre / by email / by post to my home / via a website / in person as I visit

Other what? .....

**THIS INFORMATION IS COLLECTED TO HELP US ENSURE THAT WE ARE REACHING AS MANY FAMILIES AS POSSIBLE, FROM A VARIETY OF COMMUNITIES.**

**Have you any concerns about your child?** Please tick the relevant box as this helps us to work with our partners to try and develop relevant services for your needs.

- |   |   |
|---|---|
| <input type="checkbox"/> Eye sight                  | <input type="checkbox"/> Physical Development     |
| <input type="checkbox"/> Hearing                    | <input type="checkbox"/> Social/ Emotional Skills |
| <input type="checkbox"/> Speech development/ issues |   |

**What course/ activity would you like to do next?**

For yourself?

For you and your child to do together?

**What services do you need for you or your family?**

i.e. access to child health specialists, advice on local jobs, fun things for my child to do.....

**Are there any other issues/comments you would like us to know about?**

i.e. The costs of childcare is too expensive, is there a library for you to use, I don't drive so I have to be able to walk or get a bus to services and the town centre is too far to travel.....

**I declare that the information on these forms is true. I understand that the personal information given in these forms may be entered onto a computer, but only be used for statistics and to claim funds for the project.**

Adult's Signature .....

Date .....

**Data Protection**

Data Protection Act 1998 - The information you provide on this form will be passed on to the Leavesden Children's Centre and general statistics to our funders. The Surestart project is responsible for planning education and training for Early Years/ Parents in England, and is registered under the Data Protection Act 1998. The information you provide will be shared with other organisations for the purpose of administration, careers and other guidance and statistical and research purposes. The Further information can be found at:

<http://www.surestart.gov.uk/surestartservices/settings/surestartchildrenscentres/>

**At no time will your personal information be passed on to organisations for marketing or sales purposes.**

