

**LITTLEBURY CHILDREN'S CENTRE**

**REGISTRATION FORM**

**FAMILY – all names provided must be the legal name, as on the birth certificate**

**PARENT/ CARER DETAILS 1**

**PARENT/ CARER DETAILS 2**

Your First Name .....

Surname .....

Relationship to child .....

DOB .....

Marital Status .....

First Name .....

Surname .....

Relationship to child .....

DOB .....

Marital Status .....

Address .....

.....

Address .....

.....

Postcode .....

Postcode .....

Telephone .....

Telephone .....

Email .....

Email .....

Mobile.....

Mobile.....

Disabled Yes  No  Lone Parent Yes  No

Disabled Yes  No  Lone Parent Yes  No

Smoker Yes  No

Smoker Yes  No

If yes, how many  0-10  10-20  30+

If yes, how many  0-10  10-20  30+

Are you pregnant? Yes  No

Are you pregnant? Yes  No

Due date .....

Due date .....

County Of Birth .....

Country Of Birth .....

Religion .....

Religion .....

First Language .....

First Language .....

GP SURGERY .....

GP SURGERY .....

HEALTH VISITORS NAME .....

HEALTH VISITORS NAME .....

**HOUSING STATUS**

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- Homeless
- Owner/Occupier
- Refugee
- Tenant – Social
- Refugee

- Living with family
- Temporary Accommodation
- Tenant – Private
- Traveller

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**EMPLOYMENT**

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- Employed F/T
- Employed P/T
- Self Employed
- Education/ Training
- Unemployed

- Volunteer
- Maternity Leave
- Full Time Carer
- Retired
- Disabled

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Do you receive any benefits? Yes  No   
 Please State .....

Do you receive any benefits? Yes  No   
 Please State .....

Do you consider yourself to be an asylum seeker or refugee? Yes  No

Do you consider yourself to be an asylum seeker or refugee? Yes  No

**DETAILS OF CHILDREN – all names provided must be the legal name, as on the birth certificate**

Name	Gender MALE/FEMALE	DOB	Did you or are you breastfeeding? YES/NO If yes for how long?	Religion	First Language	Disabled YES/ NO
Child 1						
Child 2						
Child 3						
Child 4						

**ETHNIC IDENTITY  
(Please tick)**

ETHNICITY	CARER 1	CARER 2	CHILDREN	ETHNICITY	CARER 1	CARER 2	CHILDREN
White British				Any other mixed background			
White Irish				White and Asian			
Traveller of Irish Heritage				Any Other White background			
Gypsy/Roma				White and Black Caribbean			
Any Other Black Background				White and Black African			
Black – African				Unwilling to give Ethnicity			
Black Caribbean				Information not yet obtained			
Chinese				Any Other Ethnic Group YES/NO  If yes, please state _____			
Any Other Asian Background							
Bangladeshi							
Indian							
Pakistani							



## WHAT WOULD YOU LIKE TO SEE FROM YOUR LOCAL CHILDREN'S CENTRE

We would like your views on what services families need in the area. Please complete this section to tell us what services you all ready use and what services you would like see developed.

### Local Facilities

Please tell us which services you and your family use. Tick the relevant box and include details.

<input type="checkbox"/> <b>Health Visitor</b> Details  <input type="checkbox"/> <b>Midwifery</b> Details  <input type="checkbox"/> <b>Playgroup/ Pre-School</b> Details  <input type="checkbox"/> <b>Workplace/ Education Nursery</b> Details  <input type="checkbox"/> <b>Registered Childminder</b> Details  <input type="checkbox"/> <b>Toy Library</b> Details  <input type="checkbox"/> <b>Library Service</b> Details  <input type="checkbox"/> <b>Parks and Play Areas</b> Details  <input type="checkbox"/> <b>Sports and leisure</b> Details  <input type="checkbox"/> <b>Adult Learning and Education</b> Details  <input type="checkbox"/> <b>Other Children's Centres</b> Details  <input type="checkbox"/> <b>Speech and Language</b> Details  <input type="checkbox"/> <b>Social Care Services</b> Details  <input type="checkbox"/> <b>Family Learning (HAFLS)</b>	<p style="color: #0070c0;"><b>We can let you have more information in several ways.</b></p> <p style="color: #0070c0;">Please tick below if you would like:</p> <input type="checkbox"/> Outreach Worker to contact you by telephone  <input type="checkbox"/> Outreach Worker to visit you at home  <input type="checkbox"/> To call into the Centre  <input type="checkbox"/> Information translated into another language. State which  <input type="checkbox"/> To receive information through the post  <input type="checkbox"/> To receive information via email  <p style="color: #0070c0;"><b>Activities/ Services you would like.</b></p> <input type="checkbox"/> First steps sessions  <input type="checkbox"/> Read and Rhyme Sessions  <input type="checkbox"/> Under 1's group  <input type="checkbox"/> Stay and Play Sessions  <input type="checkbox"/> Toy Library  <input type="checkbox"/> Book loan  <input type="checkbox"/> Sports for under 5's  <input type="checkbox"/> Movement and Music for under 5's  <input type="checkbox"/> Ante-natal advice and support  <input type="checkbox"/> Ante -natal exercise  <input type="checkbox"/> Post-natal exercise  <input type="checkbox"/> Breastfeeding advice and support  <input type="checkbox"/> Baby Massage  <input type="checkbox"/> Stress, relaxation and holistic therapies	<input type="checkbox"/> Healthy eating and lifestyle  <input type="checkbox"/> Childminding Network, training and support sessions.  <input type="checkbox"/> Child and family health advice and information  <input type="checkbox"/> Parenting advice, information and guidance  <input type="checkbox"/> Parenting Courses  <input type="checkbox"/> Jobcentre Plus information, advice and guidance  <input type="checkbox"/> Money advice  <input type="checkbox"/> Benefits advice  <input type="checkbox"/> Trips, Outings  <input type="checkbox"/> Holiday Activities  <input type="checkbox"/> Support Groups for asylum and refugee families  <input type="checkbox"/> Adult Learning and Education  <input type="checkbox"/> Speech and Language Sessions  <input type="checkbox"/> Educational Psychology Drop Ins  <input type="checkbox"/> Fathers/ male carer groups  <input type="checkbox"/> Young parent group  <input type="checkbox"/> Stop smoking support groups  <input type="checkbox"/> Family art and craft sessions (eg making story sacks)  <input type="checkbox"/> Working Parents Group (Saturday)
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**Are there any other services you would find useful?**

**Where would you like to see these services?**

**Would you be interested in joining the Parent Forum?** Yes  No