

Highfield Nursery School & Children's Centre Registration Form

Your Details				Unique Number	
Title	*First Names	*Surname	*Date of Birth	M/F	*Address
Postcode		Health Visitor		GP NHS no	
*Date Registered	Inform of events: Y/N		Method		Information Sharing Explained: Y/N
Lone Parent: Y/N	Smoker: Mother Y/N Partner Y/N		Registered Disabled: Mother Y/N Partner Y/N		
Do you have any additional needs? Mother Y/N Partner Y/N			SEN: Mother Y/N Partner Y/N		
Tel Number:		Mobile:		Email:	
*Your relationship to the child/ren named on this form (Parent\Grandparent\Childminder\Foster Carer)					
*Employment/Training Status		*Ethnicity:		Other Language:	
*Is anyone else in your household in work currently Y/N		Mother:		Mother:	
		Partner:		Partner:	
Are you Pregnant: Y/N		Due Date:		Multip. Primip.	
Other Health Professionals					
Midwife:			Dentist: Y/N		
Your Children's Details					
1. *First Name	*Surname	*Date Of Birth	M/F	*Date Registered	
				*NHS no	
Registered Disabled: Y/N		Additional Needs: Y/N		SEN: Y/N	
Birth Weight:	Gestation:	Emergency contact details:			
*Ethnicity:	Breast fed: Y/N	How long for:			

2. *First Name	*Surname	*Date Of Birth	M/F	*Date Registered
Registered Disabled: Y/N		Additional Need: Y/N		SEN: Y/N
Birth Weight:	Gestation:	Emergency contact details:		
*Ethnicity:	Breast fed: Y/N	How long for:		
3. *First Name	*Surname	*Date Of Birth	M/F	*Date Registered
Registered Disabled: Y/N		Additional Need: Y/N		SEN: Y/N
Birth Weight:	Gestation:	Emergency contact details:		
*Ethnicity:	Breast fed: Y/N	How long for:		
ESSENTIAL INFORMATION – ALL BOXES WITH * IN MUST BE COMPLETED				
Groups and Activities				
Please tick the services which you are interested in and would like to access at children's centres				
Early Learning <input type="checkbox"/> Support for children with additional needs <input type="checkbox"/> Antenatal and Post Natal Services <input type="checkbox"/> Day Care <input type="checkbox"/> Help with employment and training <input type="checkbox"/> Child and family health services <input type="checkbox"/> Family Support (e.g encouragement/information and access to specialist support) <input type="checkbox"/>				
Permission for recording information and information sharing			Please tick	
I / We agree to information about myself and any dependents being kept on the Sure Start Children's Centre database and as a written record. I/We understand that this information will be used for monitoring and evaluation purposes in connection with the provision of children's centre services. I/We give permission for the Sure Start Children's Centre to share this information with its partner agencies for those purposes only. The data controller is Lancashire County Council. <input type="checkbox"/> Please tick here if you wish to be notified of any events/promotions organised by the Sure Start Children's Centre <input type="checkbox"/> Please tick here if you wish to be notified of any events organised by the partners of Sure Start Children's Centres <input type="checkbox"/> Please tick here if you agree to being approached by Sure Start Children's Centre for general feedback on services for the purpose of evaluation.				
Signed:..... (Parent / Guardian / Carer / Other) Date:				
Signed:..... (Parent / Guardian / Carer / Other) Date:				
If you require any further information relating to how your information is used please contact the Data Protection Officer, PO BOX 78, County Hall, Preston, PR1 8XJ (01772) 531116				
Please indicate whether or not you give approval for your child's photograph to be taken and used in Children's Centre publicity (Including use on the internet). Y/N				
Comments or additional information				