

Family ID:

WHARF NURSERY SCHOOL AND CHILDREN'S CENTRE

Family registration form for Surrey Sure Start Children's Centres

Please use this form to tell us about your family and the children you have parental responsibility for. The information you provide may be shared with other Sure Start Children's Centres, Surrey County Council, and your local authority if you live outside Surrey. It will be used to help keep you informed about Sure Start Children's Centre services, events and courses relevant to you and your family. It will also be used to help us monitor, evaluate and improve these services in the future and to secure government funding. We may contact you and send you information about our services and events. The more information you give us, the easier it will be for us to send you relevant information.

Please complete in BLOCK CAPITALS.

Information	about vour	family

miormation about your family:			
Family address			
Postcode			
Home telephone			
GP Surgery			
Have you or your child/ren been to another children's centre before?	Yes / No		
If yes, name of children's centre			
How did you hear about us?	Midwife / health visitor / other professional / Family Information Service (FIS) / website / promotional event / mobile children's centre / word of mouth / 'Sure Start Children's Centres in Surrey' leaflet (found in child health record/red book) / other (please specify)		
Are you a lone parent household?		Yes / No	
Are you, and your partner if applicable, both in receipt of unemployment benefits?		Yes / No	
Does anyone in your household serve in the armed forces? Yes / No			

Information about you, as the legal guardian or person with parental responsibility, and your partner:

	You			Υοι	ır partner (if a	
Title	Mr / Mrs / Miss / Ms / Dr		Mr / Mrs / Miss / Ms / Dr			
First name/s						
Surname						
Address (if different from family address)						
Postcode						
Marital status	Single	e / Living with partner / Married /		Single / Living with partner / Married /		
	Civil partnership / Separated / Divorced /		Civil partnership / Separated / Divorced /			
	Wido	Widowed			Widowed	
Due date if pregnant						
Relationship to child/ren						
Mobile telephone						
Email address						
Date of birth						
*Ethnicity (see ethnicity reference list)						
*Do you consider yourself to have a disability?		Yes / No			Yes / No	
*Do you need any additional support from the children's centre?		Yes /	es / No Yes / No		Yes / No	
*Do you live in temporary housing?		Yes /	Yes / No Yes / No		Yes / No	
*What is your first language? *What is your level of English? *Do you Smoke? Fluent / B Yes / No		Fluent / Basic / Interpreter required				
				Fluent / Basic / Interpreter required		
		Yes / No	s / No		Yes / No	

*Please note you do not have to answer these questions on your partner's behalf, but it will help us if you do.

١	Do you have a job or are	Yes – Employed / Self-employed
	you self-employed?	No – Looking for a job / Not looking for a job / Full time parent or carer / Full time student /
	, ,	Retired

Please turn over

Do you receive any of	you receive any of Child Tax Credit / Carers Allowance / Disability Living Allowance / Employment & Support					
these benefits?						
	Personal Independence Payment / Working Tax Credit / Universal Credit / Other					
		your family (those you	have parental respons	sibility for).		
Please fill in one section for each child:						
	Child 1	Child 2	Child 3	Child 4		
First name						
Middle name/s						
Surname						
Date of birth						
School child attends						
(if applicable)						
Ethnicity						
Gender	Male / Female	Male / Female	Male / Female	Male / Female		
Do you consider your						
child to have a	Yes / No	Yes / No	Yes / No	Yes / No		
special need?						
Do you consider your						
child to have a	Yes / No	Yes / No	Yes / No	Yes / No		
disability?						
Address (if different						
from family address)						
D t I.				_		
Postcode Breastfed at birth	Vac / Na	Vac / Na	Vac / Na	Vac / Na		
Breastied at birth	Yes / No Yes / No /	Yes / No Yes / No /	Yes / No /	Yes / No /		
Breastfed at 6 weeks						
Child's weight at hirth	Baby under 6 weeks	Baby under 6 weeks	Baby under 6 weeks	Baby under 6 weeks		
Child's weight at birth				-		
Main carer name						
Di ata assassa						
Photo consent:						
			ng used to promote and			
children's centres in a variety of formats including television, newspapers, video, posters, leaflets, internet and other						
medium which will allow centres to promote the work they do? Images will not be used for any other purpose.						
I consent	\vdash					
I do not consent						
Declaration						
Declaration: The details given on this form are true to the best of my knowledge. I have the legal right to provide this information.						
	ils form are true to the	best of my knowledge. I	nave the legal right to p	rovide this information.		
Name						
Signature						
Date						
If applicable and they are present, please ask your partner to sign below						

Data Protection Act 1998

Name Signature Date

The Wharf Nursery School and Children's Centre (the 'Centre') respects your privacy rights and is committed to ensuring that it protects your details, the information about your dealings with the Centre and other information available to the Centre ('your information'). In accordance with the Data Protection Act 1998, the Centre will use your information, for the purpose of providing support to children, to (a) deal with your requests and administer its functions, (b) meet its statutory obligations, and (c) prevent and detect fraud. The Centre may share your information (but only with the minimum amount of information necessary to do the above and only where it is lawful to do so) with appropriate departments and agencies in accordance with the Multi Agency Information Sharing Protocol (MAISP). Further details, including a copy of the MAISP can found at www.surreycc.gov.uk

Under the Data Protection Act 1998, The Wharf Nursery School and Children's Centre has a legal duty to keep the information held about you and your family up-to-date. **Please inform us if any of your details change.** We will update the information we hold about you to ensure that we are able to offer the most appropriate services and assistance to you and your family.

If you are providing personal information for other people, we would suggest that you inform them of this.

If you would like to apply for access to the information we hold about you please send a written request to Dawn Bellman at The Eashing Building Eashing Lane Godalming Surrey GU7 2LF.