



REGISTRATION FORM

Family ID number:

Primary Carer

Mr Mrs Ms Miss Other

First Name	<input type="text"/>
Surname	<input type="text"/>
Date of Birth	<input type="text"/>
Relationship to child	<input type="text"/>
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Trans <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to say

Home Address	<input type="text"/>
Postcode	<input type="text"/>
Home/Mobile Telephone No.	<input type="text"/>
Email Address	<input type="text"/>
Health Visitor	<input type="text"/>
Clinic/Centre	<input type="text"/>

Are you expecting a baby? Yes No

If **Yes**, what is the expected due date?

Are you a lone parent? Yes No

Ethnicity

Please indicate which ethnic group you consider you belong to:

White – British
 Any other White background
 Black- British
 Any other Black background
 Any Asian background
 Any Mixed background
 Any other Ethnic group
 Traveller/Gypsy/Roma
 Prefer not to say

What language do you use at home?

Do you consider you have a disability/special need or medical condition? Yes No

Details

I need the following adjustments

Secondary Carer (Where the information is the same, write same)

Mr Mrs Ms Miss Other

First Name	<input type="text"/>
Surname	<input type="text"/>
Date of Birth	<input type="text"/>
Relationship to child	<input type="text"/>
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Trans <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to say

Home Address	<input type="text"/>
Postcode	<input type="text"/>
Home/Mobile Telephone No.	<input type="text"/>
Email Address	<input type="text"/>
Health Visitor	<input type="text"/>
Clinic/Centre	<input type="text"/>

Are you expecting a baby? Yes No

If **Yes**, what is the expected due date?

Are you a lone parent? Yes No

Ethnicity

Please indicate which ethnic group you consider you belong to:

White – British
 Any other White background
 Black- British
 Any other Black background
 Any Asian background
 Any Mixed background
 Any other Ethnic group
 Traveller/Gypsy/Roma
 Prefer not to say

What language do you use at home?

Do you consider you have a disability/special need or medical condition? Yes No

Details

I need the following adjustments

Child One	
First Name	
Surname	
Date of Birth	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Ethnicity Please indicate which ethnic group you consider you belong to:	<input type="checkbox"/> White – British <input type="checkbox"/> Any other White background <input type="checkbox"/> Black- British <input type="checkbox"/> Any other Black background <input type="checkbox"/> Any Asian background <input type="checkbox"/> Any Mixed background <input type="checkbox"/> Any other Ethnic group <input type="checkbox"/> Traveller/Gypsy/Roma <input type="checkbox"/> Prefer not to say
Do you consider your child has a disability/special need or medical condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No Details..... I need the following adjustments
Address if different from primary carer	

Child Two	
First Name	
Surname	
Date of Birth	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Ethnicity Please indicate which ethnic group you consider you belong to:	<input type="checkbox"/> White – British <input type="checkbox"/> Any other White background <input type="checkbox"/> Black- British <input type="checkbox"/> Any other Black background <input type="checkbox"/> Any Asian background <input type="checkbox"/> Any Mixed background <input type="checkbox"/> Any other Ethnic group <input type="checkbox"/> Traveller/Gypsy/Roma <input type="checkbox"/> Prefer not to say
Do you consider your child has a disability/special need or medical condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No Details..... I need the following adjustments
Address if different from primary carer	

Child Three	
First Name	
Surname	
Date of Birth	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Ethnicity Please indicate which ethnic group you consider you belong to:	<input type="checkbox"/> White – British <input type="checkbox"/> Any other White background <input type="checkbox"/> Black- British <input type="checkbox"/> Any other Black background <input type="checkbox"/> Any Asian background <input type="checkbox"/> Any Mixed background <input type="checkbox"/> Any other Ethnic group <input type="checkbox"/> Traveller/Gypsy/Roma <input type="checkbox"/> Prefer not to say
Do you consider your child has a disability/special need or medical condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No Details..... I need the following adjustments
Address if different from primary carer	

Child Four	
First Name	
Surname	
Date of Birth	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Ethnicity Please indicate which ethnic group you consider you belong to:	<input type="checkbox"/> White – British <input type="checkbox"/> Any other White background <input type="checkbox"/> Black- British <input type="checkbox"/> Any other Black background <input type="checkbox"/> Any Asian background <input type="checkbox"/> Any Mixed background <input type="checkbox"/> Any other Ethnic group <input type="checkbox"/> Traveller/Gypsy/Roma <input type="checkbox"/> Prefer not to say
Do you consider your child has a disability/special need or medical condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No Details..... I need the following adjustments
Address if different from primary carer	

How we use your data

By completing this form you are registering with East Riding of Yorkshire Council's Children's Centres. This enables you to access the services we offer to children and families. Your information will be stored and shared in accordance with the Data Protection Act 2018 and the General Data Protection Regulation (GDPR). A copy of our privacy notice will be provided to you at the time of registration or you can find a copy here: www.eastriding.gov.uk/council/governance-and-spending/how-we-use-your-information/find-privacy-information/privacy-notice-for-childrens-centres/

Declaration

I understand that the information I have given about myself and any other individuals will be held and processed by East Riding of Yorkshire Council and it is my responsibility to make the other adults listed on this form aware that their details have been provided.

Carer One	
Signature	
Date	

Carer Two	
Signature	
Date	