

# Masbro Children's Centre Registration Form

87 Masbro Road, London W14 0LR

Tel: 020 7600 0800

Fax: 020 7605 0801

## Main Carer

Title  First name/s   
Surname   
House No. / Name   
Address   
  
  
 Postcode   
Telephone Home  Mobile   
Date of Birth:  Relationship to child(ren):   
Gender  Male  Female Ethnicity Code  Other   
What religion are you? (Please state):  What is your level of English?  
Which is the main language that you: Speak   Fluent  Conversational  
Read   Basic  Interpreter required  
Write   Not spoken  Unknown

Do you consider yourself to have a disability or special needs?  Yes  No

If yes, please give details:

Are you a lone parent? (you do not have a partner living in the family home)  Yes  No If pregnant, when is the baby due?

Do you smoke?  Yes  No If 'yes', how many cigarettes per day do you smoke?  If 'no', have you ever smoked?  Yes  No

When did you stop smoking?  Does anyone else in the household smoke?  Yes  No

GP name  GP surgery   
HV name  Clinic

## Employment status. Are you / your partner in:

	You	Partner		You	Partner		You	Partner
Full-time employment	<input type="checkbox"/>	<input type="checkbox"/>	In education/training	<input type="checkbox"/>	<input type="checkbox"/>	Unemployed	<input type="checkbox"/>	<input type="checkbox"/>
Part-time employment	<input type="checkbox"/>	<input type="checkbox"/>	Full-time carer	<input type="checkbox"/>	<input type="checkbox"/>	Seeking asylum	<input type="checkbox"/>	<input type="checkbox"/>

## Other Carer

Title  First name/s   
Surname   
House No. / Name   
Address (if different from main family address)   
  
  
 Postcode   
Telephone Home  Mobile   
Date of Birth:  Relationship to child(ren):   
Gender  Male  Female Ethnicity Code  Other

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## Other Carer Continued

What religion are you? (Please state):

What is your level of English?

Which is the main language that you:

Speak

Read

Write

- Fluent     Conversational  
 Basic     Interpreter required  
 Not spoken     Unknown

Do you consider yourself to have a disability or special needs?  Yes  No

If yes, please give details:

If pregnant, when is the baby due?

## Children in Household

Please give details of all children living in the household of the main carer

First Name/s

Surname

Date of Birth

Gender

- Male  Female

Ethnicity Code

Birth Weight

Disability or Special Need

Breast Fed

- Birth  6 Wks  4 Months

Religion

School

First Name/s

Surname

Date of Birth

Gender

- Male  Female

Ethnicity Code

Birth Weight

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First Name/s

Surname

Date of Birth

Gender

- Male  Female

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First Name/s

Surname

Date of Birth

Gender

- Male  Female

Ethnicity Code

Birth Weight

Disability or Special Need

Breast Fed

- Birth  6 Wks  4 Months

Religion

School

## Declaration

I declare that all information I have provided to the Children's Centre is true to my knowledge. I understand that the information I have provided will be kept on file (including Children's Centre computer systems), to ensure I receive relevant programme information, and for Children's Centre statistical monitoring and evaluation purposes. I understand that this Children's Centre may contact me, and will send me information on services and events. Any information regarding you and your family is kept confidential and will not be passed to organizations outside of Children's Centre Partners without your consent, unless it is of a Child Protection nature, in which case information will be shared with appropriate agencies. The Children's Centre undertakes to keep all information provided in a secure location

## Parent / Carer

First Name

Surname

Signed

Date

## Staff Member

First Name

Surname

Signed

Date

## Codes for Ethnic Background

<b>Asian or</b>	1A - Bangladeshi	<b>Black or</b>	2A - African	<b>Mixed</b>	4A - Asian & White	<b>Other</b>	5 - Other ethnic group
<b>Asian British</b>	1B - Indian	<b>Black British</b>	2B - Caribbean		4B - Black African & White	<b>White</b>	6A - British
	1C - Pakistani		2C - Other background		4C - Black Caribbean & White		6B - Irish
	1D - Other background	<b>Chinese</b>	3 - Chinese		4D - Other background		6C - Other background