

Welcome to our Children's Centre



We hope you enjoy your time with us

Family Registration Form

To ensure that Ealing Children's Centres continue to offer the best possible services to the communities they serve it is important for us to know a bit more about the families attending the centres.

We also have a responsibility for the health and safety of people using our buildings and services.

So please complete this form as fully as possible.

Your information is treated with the utmost care and is kept securely. To find out more please read the Children's Centre Privacy Notice (details included on the reverse of this form).



Your safety and the safety of others

We ask that you are careful of your personal safety and the safety of children in your care whilst at our centres.

Please do not use mobile phones whilst at the centres. Taking photos using a phone, camera or other device is not allowed.

Early Start Ealing

Child details

Child 1

Surname

First name

Date of birth / /

Gender Male Female

Does the child have a disability or a special need? Yes No

If yes, please give details

Address the same as parent/carer 1? Yes No

If not, please state address
Postcode

Country of birth

Language spoken at home

Child 2

Surname

First name

Date of birth / /

Gender Male Female

Does the child have a disability or a special need? Yes No

If yes, please give details

Address the same as parent/carer 1? Yes No

If not, please state address
Postcode

Country of birth

Language spoken at home

Child 3

Surname

First name

Date of birth / /

Gender Male Female

Does the child have a disability or a special need? Yes No

If yes, please give details

Address the same as parent/carer 1? Yes No

If not, please state address
Postcode

Country of birth

Language spoken at home

Child 4

Surname

First name

Date of birth / /

Gender Male Female

Does the child have a disability or a special need? Yes No

If yes, please give details

Address the same as parent/carer 1? Yes No

If not, please state address
Postcode

Country of birth

Language spoken at home

Parent/carer details (Parent 1 and Parent 2 please sign on the next page)

Parent/carer 1

Title Mr Mrs Other

Surname

First name

Date of birth / /

Gender Male Female

Address
Postcode

Telephone

Email

What is your relationship to the child?

Are you pregnant? Yes No

What is the expected baby's due date? / /

ADDITIONAL INFORMATION

Does the child have a disability or a special need? Yes No

If yes, please give details

Are you in receipt of any benefits (excluding Child Benefit)? Yes No

Marital status	Employment Status
<input type="checkbox"/> Single	<input type="checkbox"/> Employed
<input type="checkbox"/> Married	<input type="checkbox"/> Unemployed
<input type="checkbox"/> Living together (Cohabiting)	<input type="checkbox"/> Student
<input type="checkbox"/> Widowed	<input type="checkbox"/> Looking after family
<input type="checkbox"/> Divorced/separated	<input type="checkbox"/> Maternity leave

Are you registered with a GP? Yes No

Country of birth

Language spoken at home

Emergency contact details:

Contact name

Contact telephone number

Parent/carer 2*

Title Mr Mrs Other

Surname

First name

Date of birth / /

Gender Male Female

Address
Postcode

Telephone

Email

What is your relationship to the child?

Are you pregnant? Yes No

What is the expected baby's due date? / /

ADDITIONAL INFORMATION

Does the child have a disability or a special need? Yes No

If yes, please give details

Are you in receipt of any benefits (excluding Child Benefit)? Yes No

Marital status	Employment Status
<input type="checkbox"/> Single	<input type="checkbox"/> Employed
<input type="checkbox"/> Married	<input type="checkbox"/> Unemployed
<input type="checkbox"/> Living together (Cohabiting)	<input type="checkbox"/> Student
<input type="checkbox"/> Widowed	<input type="checkbox"/> Looking after family
<input type="checkbox"/> Divorced/separated	<input type="checkbox"/> Maternity leave

Are you registered with a GP? Yes No

Country of birth

Language spoken at home

Emergency contact details:

Contact name

Contact telephone number

Children's Centre Registration Form / Consent to share information

I understand that the information I have given in the Ealing Children's Centre Registration Form will be used to provide childcare, children's centres activities and family support and advice to improve services for my family. And that information which I provide will be held securely and only accessed by staff providing these services. I understand that the children's centre may share my information with Ealing Council, partnering organisations and the Department of Education for these purposes. Ealing Children's Centres will comply with The General Data Protection Regulations and The Data Protection Act 2018 as set out in our Children's Centres and Ealing Council Privacy Notices. Copies of our Children's Centres Privacy Notice can be obtained from your local children's centre. For Ealing Council Privacy Notice please refer to the Ealing Council website: https://www.ealing.gov.uk/info/201045/data_protection/1420/privacy_statement

Parent/carer 1

Signature

Print name

Date

Parent/carer 2

Signature

Print name

Date

Ethnic Background		Parent/ carer 1	Parent/ carer 2	Child 1	Child 2	Child 3	Child 4
Asian or Asian British	Indian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Pakistani	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Bangladeshi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Chinese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Japanese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Asian Other please specify _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Black or Black British	Black Caribbean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Black African	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Somalian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Ghanaian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Nigerian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	African Asian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Black Other please specify _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mixed	White and Asian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	White and Black African	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	White and Black Caribbean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Mixed Other please specify _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other ethnic group	Traveller of Irish Heritage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Gypsy/Roma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Arab	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Afghan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Iraqi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Iranian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Latin/South/Central American	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other Ethnicity please specify _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
White	White British	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	White Irish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	White Eastern European	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	White Western European	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	White Other please specify _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

You have the right to ask for a copy of the information we hold about you on our records. This request must be made in writing to the manager at the children's centre.