# East Riding Children's Centres

EAST RIDING OF YORKSHIRE COUNCIL

## REGISTRATION FORM

Family ID number:

### Primary Carer

| | |
|---|---|
| ☐ Mr ☐ Mrs ☐ Ms ☐ Miss | Other |
| First Name | |
| Surname | |
| Date of Birth | |
| Relationship to child | |
| Gender | ☐ Male ☐ Female ☐ Trans ☐ Other ☐ Prefer not to say |
| Home Address | |
| Postcode | |
| Home/Mobile Telephone No. | |
| Email Address | |
| Health Visitor | |
| Clinic/Centre | |
| Are you expecting a baby? | ☐ Yes ☐ No |
| If **Yes,** what is the expected due date? | |
| Are you a lone parent? | ☐ Yes ☐ No |
| Ethnicity<br>Please indicate which ethnic group you consider you belong to: | ☐ White – British<br>☐ Any other White background<br>☐ Black- British<br>☐ Any other Black background<br>☐ Any Asian background<br>☐ Any Mixed background<br>☐ Any other Ethnic group<br>☐ Traveller/Gypsy/Roma<br>☐ 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<br>Details .....<br>I need the following adjustments<br>..... |

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

| | |
|---|---|
| ☐ Mr ☐ Mrs ☐ Ms ☐ Miss | Other |
| First Name | |
| Surname | |
| Date of Birth | |
| Relationship to child | |
| Gender | ☐ Male ☐ Female ☐ Trans ☐ Other ☐ Prefer not to say |
| Home Address | |
| Postcode | |
| Home/Mobile Telephone No. | |
| Email Address | |
| Health Visitor | |
| Clinic/Centre | |
| Are you expecting a baby? | ☐ Yes ☐ No |
| If **Yes,** what is the expected due date? | |
| Are you a lone parent? | ☐ Yes ☐ No |
| Ethnicity<br>Please indicate which ethnic group you consider you belong to: | ☐ White – British<br>☐ Any other White background<br>☐ Black- British<br>☐ Any other Black background<br>☐ Any Asian background<br>☐ Any Mixed background<br>☐ Any other Ethnic group<br>☐ Traveller/Gypsy/Roma<br>☐ 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<br>Details .....<br>I need the following adjustments<br>..... |

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

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

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

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