

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. When we collect your information we may contact you about the following: Children's Centres services; Provision of early years education; Health and public campaigns and Surveys. 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 departments, Health 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 | | Parent/carer 2 | |
|----------------|----------------------|----------------|----------------------|
| Signature | <input type="text"/> | Signature | <input type="text"/> |
| Print name | <input type="text"/> | Print name | <input type="text"/> |
| Date | <input type="text"/> | Date | <input type="text"/> |

| 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"/> |
| | Any other Asian background, write in | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Black, Black British, Caribbean or African | Black British | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Caribbean | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | African background, write in | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Any other Black, or Caribbean background, write in | <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"/> |
| | Any other Mixed or Multiple background, write in | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other ethnic group | Arab | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Any other ethnic group, write in | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| White | British | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | English | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Northern Irish | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Scottish | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Welsh | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Irish | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Gypsy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Irish Traveller | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Roma | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Any other white background, write in | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Prefer not to say | <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.

Early Start Ealing

Family Registration Number:

Welcome to our Children's Centre
We hope you enjoy your time with us



Family Registration Form

Ealing Children's Centres deliver services to meet the needs of young children from pre-birth to age 5 and their families. The aim is to support carers and families to offer children opportunities to have the best start in life.

To enable us to do this Ealing Council uses the information you provide about yourself and your children to understand who is attending our centres and if there are families or communities in parts of the borough we still need to reach.

This is why, we ask you where you live, your age and your ethnicity. Your information also helps us review and improve our services.

We also have a responsibility for the health and safety of everyone using our centres 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).



Accessing Children's Centres

If you need support to access a Children's Centre in Ealing, please contact Ealing's Family Information Service on 020 8825 5588; or children@ealing.gov.uk

This form is for all Children's Centres in Ealing and by registering with this form you are able to access services in all the Centres.

Your safety and the safety of others

We ask that you are responsible at all times for your personal safety and the safety of your children whilst at our Children's 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 (Registration #)

Surname

First name

Date of birth

What gender does your child identify as
 Male Female Transgender Gender variant
 Prefer not to say Prefer to self-describe

Please specify

Does the child have a special educational need or disability?
 Yes No Prefer not to say

If yes, please give details

Address the same as parent/carer 1? Yes No

If not, please state address

Postcode

Language spoken at home

Child 3 (Registration #)

Surname

First name

Date of birth

What gender does your child identify as
 Male Female Transgender Gender variant
 Prefer not to say Prefer to self-describe

Please specify

Does the child have a special educational need or disability?
 Yes No Prefer not to say

If yes, please give details

Address the same as parent/carer 1? Yes No

If not, please state address

Postcode

Language spoken at home

Child 2 (Registration #)

Surname

First name

Date of birth

What gender does your child identify as
 Male Female Transgender Gender variant
 Prefer not to say Prefer to self-describe

Please specify

Does the child have a special educational need or disability?
 Yes No Prefer not to say

If yes, please give details

Address the same as parent/carer 1? Yes No

If not, please state address

Postcode

Language spoken at home

Child 4 (Registration #)

Surname

First name

Date of birth

What gender does your child identify as
 Male Female Transgender Gender variant
 Prefer not to say Prefer to self-describe

Please specify

Does the child have a special educational need or disability?
 Yes No Prefer not to say

If yes, please give details

Address the same as parent/carer 1? Yes No

If not, please state address

Postcode

Language spoken at home

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

Parent/carer 1 (Registration #)

Title Mr Mrs Other

Surname

First name

Date of birth

What gender do you identify as
 Male Female Transgender Gender variant
 Prefer not to say Prefer to self-describe

Please specify

Address

Postcode

Telephone

Email

Language spoken at home

What is your relationship to the child?
 Parent Grandparent Childminder Au-pair
 Other

Are you an expectant parent? Yes No

What is the expected baby's due date?

ADDITIONAL INFORMATION

Do you consider yourself to have a disability? (Optional)
 Yes No Prefer not to say

If yes, please give details

Are you registered with a GP? Yes No

Emergency contact details:

Contact name

Contact telephone number

CONSENT TO CONTACT

From time to time, we may contact you about the different Children's Centre services that we provide to families in Ealing. Would you like us to contact you about Ealing Children's Centre Services?
 Yes No If yes, how would you like to be contacted?
 Email Text Telephone Letter

Would you like to receive Ealing Children's Centres Newsletter? Yes No

Parent/carer 2* (Registration #)

Title Mr Mrs Other

Surname

First name

Date of birth

What gender do you identify as
 Male Female Transgender Gender variant
 Prefer not to say Prefer to self-describe

Please specify

Address

Postcode

Telephone

Email

Language spoken at home

What is your relationship to the child?
 Parent Grandparent Childminder Au-pair
 Other

Are you an expectant parent? Yes No

What is the expected baby's due date?

ADDITIONAL INFORMATION

Do you consider yourself to have a disability? (Optional)
 Yes No Prefer not to say

If yes, please give details

Are you registered with a GP? Yes No

Emergency contact details:

Contact name

Contact telephone number

CONSENT TO CONTACT

From time to time, we may contact you about the different Children's Centre services that we provide to families in Ealing. Would you like us to contact you about Ealing Children's Centre Services?
 Yes No If yes, how would you like to be contacted?
 Email Text Telephone Letter

Would you like to receive Ealing Children's Centres Newsletter? Yes No

*Must be completed by parent/carer 2. A copy of this form can be taken home to enable this if the person is not present at registration.