**Flying Start Parent Registration Form**

Please fill out the form below with as much detail as possible

*Please note- Flying Start is committed to protecting your privacy. We will use your information to help us to support you and your family through our services. Your information will be processed in a manner that is compliant with the Data Protection Act 2018. For information about how we store your data and to view our Privacy Notice please visit our Website* *Page:* [*https://www.flyingstartluton.com/policies/*](https://www.flyingstartluton.com/policies/)

Do you give permission for us to store the details provided below and contact you for our services? *(If not, we will not be able to contact)*

Yes  No

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Parent/Carer 1 Details**  (Person with parental responsibility) | | **Parent/Carer 2 Details\* [OPTIONAL]**  (Person with parental responsibility) | | | |
| **Mr / Mrs / Ms / Miss / Other:** | | **Mr / Mrs / Ms / Miss / Other:** | | | |
| **First Name/s:**  **Last Name:** | **Date of Birth:** | **First Name/s:**  **Last Name:** | | **Date of Birth:** | |
| **Address Details** (Number, Street, Town, Postcode) | | **Address Details** | | | |
|  | |  | | | |
| **Email address** | | **Email address** | | | |
|  | |  | | | |
| **Contact Phone Number** | | **Contact Phone Number** | | | |
|  | |  | | | |
| **Other Emergency Contact Name/Number\*:** | |  | | | |
| **Ethnicity** | | **Ethnicity** | | | |
|  | |  | | | |
| **Level of English spoken / Other languages** | | **Level of English spoken / Other languages** | | | |
| Fluent  Basic  None  Main language if not English: | | Fluent  Basic  None  Main language if not English: | | | |
| **Pregnant?** If yes, enter your estimated due date here: | |  | | | |
| **Children** (living at same address) | | | | | |
| **Name:** | | **Date of Birth:** | | | **M / F** |
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| If any child goes to a **nursery/school,** please state where here: | | |  | | |
| **Are you working with any other agencies?** (e.g. Social Care, Family Partnership Service, Edwin Lobo or Health Visiting) | | |  | | |
| **Please put any other additional information you feel would be useful here** (e.g. Allergies, Disability/Access issues): | | |  | | |
| **How did you hear about Flying Start Services?** | | |  | | |
| **Please use the box below to let us know what groups/services/support you would like:** | | | | | |
|  | | | | | |

*\*By providing us with this information you are confirming that you will inform your partner/ emergency contact that this personal information will be stored as per our Privacy Statement.*