

Flying Start Children's Centre Registration Form

Section 1 - Parent/Carer Details				
Parent 1 Details (Person filling in form) If you do not have legal parental responsibility for child/children on this form please also complete Section 2		Parent 2 Details (if different from Parent 1) By providing us with this information you are confirming that you will inform your partner that this personal information will be stored as per our Privacy Statement.		
Relationship to child:		Relationship to child:		
Circle as appropriate Title: Miss / Mrs / Ms / Mr Other (<i>Please state</i>):		Circle as appropriate Title: Miss / Mrs / Ms / Mr Other (<i>Please state</i>):		
First name:	Surname:	First name:	Surname:	
Date of Birth:	Ethnicity: See guidance below	Date of Birth:	Ethnicity: See guidance below	
Ethnicity Categories				
White	Mixed	Asian	Black	Any other ethnic group
A1 English/Welsh/Scottish/Northern Irish/British A2 Irish A3 Any other white background A4 Traveller of Irish Heritage A5 Gypsy / Roma Traveller	B1 White & Black Caribbean B2 White & Black African B3 White & Asian B4 Any Other Mixed Background	C1 Indian C2 Pakistani C3 Bangladeshi C4 Any Other Asian Background	D1 African D2 Caribbean D3 Any Other Black Background	E1 Chinese E2 Any Other Ethnic Group E3 Does not wish to say
Address:		Address (if different from yours):		
Town:	Postcode:	Town:	Postcode:	
Mobile no: Flying Start may use this number to contact you by phone or text		Mobile no: Flying Start may use this number to contact you by phone or text		
Email address: Flying Start may use this address to contact you by email		Email address: Flying Start may use this address to contact you by email		
Are you or your partner pregnant? Circle as appropriate Yes/ No		If so when is the expected due date?		
<i>*Please ask a staff member about the range of antenatal services available for you and your partner to access*</i>				
Do you smoke: Circle as appropriate Yes/ No		Do you smoke: Circle as appropriate Yes/ No		
First Language:		First Language:		
(If additional language) Circle as appropriate English level: Fluent / Basic / Not Spoken		(If additional language) Circle as appropriate English level: Fluent / Basic / Not Spoken		



Section 1 continued - Employment Details

Employment Status – Are you
Circle as appropriate

Employed /Unemployed / Seeking
Employment / In training/education /
Full Time Parent

Are you currently receiving a benefit?
(e.g. Income Support, JSA, Universal Credit)

Yes/ No If yes please give details:

Employment Status – Are they
Circle as appropriate

Employed /Unemployed / Seeking Employment /
In training/education /
Full Time Parent

Are they currently receiving a benefit?
(e.g. Income Support, JSA, Universal Credit)

Yes/ No If yes please give details:

Section 2 - Details of person other than parent/ main carer completing this form on behalf of an under 5 and their family.

Name:	Address:	Contact No:	Relationship to child: (E.g. Grandparent)
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Section 3 – Child Details

Circle as appropriate

	First name	Surname	Date of Birth	Gender	Registered with GP Dentist		Ethnicity <small>Please refer to Ethnicity Categories on Page 1</small>	Disability / SEN <small>Please give more info below</small>
Child 1				M / F	Y / N	Y / N		Y / N
Child 2				M / F	Y / N	Y / N		Y / N
Child 3				M / F	Y / N	Y / N		Y / N
Child 4				M / F	Y / N	Y / N		Y / N

Additional Information: (Additional Children/ Disability/SEN details etc.):

Section 4 – Agreement – To be completed by parent/legal guardian

Luton Council Flying Start Children’s Centre 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**

<https://www.flyingstartluton.com/useful-documents/>

Name..... Signed.....

Date.....