



# Children's Centre Registration Form

We would like to welcome you and your children to a Children's Centre in Bristol. Bristol is dedicated to giving every child the best start in life.

Bristol Children's Centres contacts:

[www.southbristolcc.org.uk](http://www.southbristolcc.org.uk)

[www.eastbristolchildrenscentre.co.uk](http://www.eastbristolchildrenscentre.co.uk)

[www.centralbristolcc.co.uk](http://www.centralbristolcc.co.uk)

[www.northbristolcc.org.uk](http://www.northbristolcc.org.uk)



You can also fill in and submit this form online at:

[www.bristol.gov.uk/childrens-centres](http://www.bristol.gov.uk/childrens-centres)



## A. Parent/Carer details

All sections marked \* are mandatory

	Parent/Carer 1	Parent/Carer 2
Title	Mr/Mrs/Miss/Ms	Mr/Mrs/Miss/Ms
First name(s) *		
Surname *		
Address including postcode *		
Phone number		
Email address		
Date of birth *		
Due date (if pregnant)		
Relationship to parent/carer 2 *		
Gender *	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other <input type="checkbox"/> Non-binary <input type="checkbox"/> Transgender <input type="checkbox"/> Prefer not to say	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other <input type="checkbox"/> Non-binary <input type="checkbox"/> Transgender <input type="checkbox"/> Prefer not to say
Preferred method of communication	<input type="checkbox"/> Post <input type="checkbox"/> Email <input type="checkbox"/> Phone/text	<input type="checkbox"/> Post <input type="checkbox"/> Email <input type="checkbox"/> Phone/text
Working status, e.g. employed/unemployed		

## B. Child details

Please contact a member of staff to register more than three children

	Child 1	Child 2	Child 3
First name(s) *			
Surname *			
Address including postcode * (if different from above)			
Date of birth *			
Gender *	<input type="checkbox"/> Boy <input type="checkbox"/> Girl <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to say	<input type="checkbox"/> Boy <input type="checkbox"/> Girl <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to say	<input type="checkbox"/> Boy <input type="checkbox"/> Girl <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to say
Name of main carer			
Name of person(s) with parental responsibility*			
Relationship to parent/carer 1&2*			

**C. Equalities monitoring** Children's Centres provide a wide range of services for all families. In order to help us provide the right services for families in the local area, please tick the boxes below and on the next page if you are happy to do so.

<b>Ethnicity:</b>	<b>Parent/Carer 1</b>	<b>Parent/Carer 2</b>	<b>Child 1</b>	<b>Child 2</b>	<b>Child 3</b>
<b>Asian</b>					
Bangladeshi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Indian	<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"/>
Chinese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any other Asian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Black</b>					
Caribbean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Somali	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Black African	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any other Black	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>White</b>					
British	<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"/>
European	<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"/>
Gypsy / Roma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any other White	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Mixed</b>					
White and Black Caribbean	<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"/>
White and Asian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any other mixed background	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any other ethnic group	<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"/>

<b>Language:</b>	<b>Parent/Carer 1</b>	<b>Parent/Carer 2</b>	<b>Child 1</b>	<b>Child 2</b>	<b>Child 3</b>
First language (please specify):					
Level of English:					
Fluent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not Fluent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpreter required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
British Sign Language or Makaton user?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**D. Equalities monitoring** Information provided will be handled confidentially in accordance with the Data Protection Act 2018 and only used to ensure everyone is treated fairly.

Disability:	Parent/Carer 1	Parent/Carer 2	Child 1	Child 2	Child 3
Is anyone in your family disabled?					
Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	<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"/>
If yes, it would be helpful if you could state the nature of the disability and any support required.					

**E. How we will use your information**

I am the parent of the child/ren named on this registration form or hold Parental Responsibility for them. I understand that the information I have provided:

- Will be held and managed securely by Bristol City Council
- Can be used to monitor and evaluate the Children’s Centre programme
- Will be available to named members of staff in Children’s Centres, other Council departments and partner settings to support the provision of services and promote family welfare.

I also understand that if I am providing information about other people it is my responsibility to inform them of the information included on this form.

If, at a future date, the Children’s Centre is made aware of any changes in the information originally provided on this form (e.g. new baby born, change of address) the Children’s Centre will update their records accordingly.

Your information will be stored and shared in accordance with the Privacy Notice available on the Council website: [www.bristol.gov.uk/ChildrensCentresPrivacyNotice](http://www.bristol.gov.uk/ChildrensCentresPrivacyNotice)

Name of Parent/Carer*	
Signature*	
Date*	

If you would like this information in another language, Braille, audio tape, large print, easy English, BSL video or CD rom or plain text, please contact us on **0117 357 4192**