|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Parent/Carer(1)** | **DoB** | **Address and Post Code** | **Disability****Yes/No** | **Ethnicity**  | **Parental Responsibility Yes/No** |
| **Name:****Any Previous Surname:** |  |  |  |  |  |
| **Email:** |  | **Mobile:**  |
| **Preferred contact method** |  | **Spoken Language:**  | English |

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| --- | --- | --- | --- | --- | --- |
| **Parent/Carer(2)**  | **DoB** | **Address and Post Code** | **Disability****Yes/No** | **Ethnicity**  | **Parental Responsibility Yes/No** |
| **Name:****Any Previous Surname:** |  |  |  |  |  |
| **Email:** |  | **Mobile:**  |
| **Preferred contact method** |  | **Spoken Language:**  | English |

**Ethnicity Codes:**A1 - White British

D1 - Black Caribbean

D2 - Black African

E1 - Chinese

E2 - Any other ethnic group

E3 - Refused

E4 - Information not yet obtained

B3 - White and Asian

B4 - Any other mixed background

C1 - Indian

C2 - Pakistani

C3 - Bangladeshi

C4 - Any other Asian background

A2 - White Irish

A3 - Any other White Background

A4 - Traveller of Irish Heritage

A5 - Gypsy / Roma

B1 - White and Black Caribbean

B2 - White and Black African

Record details of all the children you wish to register. Record the details of unborn baby by putting ‘unborn’ in name

of child and completing expected date of delivery (EDD).

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of Child** | **Date of Birth** | **Gender** | **Ethnicity** | **First Language** | **Address if Different to Parent/Carer** |
|  |  |  |  |  |  |

|  |  |
| --- | --- |
| **Relationship to Parent/Carer 1** | **Relationship to Parent/Carer 2** |
|  |  |

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| --- | --- | --- | --- | --- | --- |
| **Name of Child** | **Date of Birth** | **Gender** | **Ethnicity** | **First Language** | **Address if Different to Parent/Carer** |
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| --- | --- |
| **Relationship to Parent/Carer 1** | **Relationship to Parent/Carer 2** |
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| **Name of Child** | **Date of Birth** | **Gender** | **Ethnicity** | **First Language** | **Address if Different to Parent/Carer** |
|  |  |  |  |  |  |

|  |  |
| --- | --- |
| **Relationship to Parent/Carer 1** | **Relationship to Parent/Carer 2** |
|  |  |

Does anyone named on this form have a disability or any additional needs that you would like to make us aware of?

|  |  |
| --- | --- |
| **Name** | **Details** |
|  |  |
|  |  |

**Personal Data Consent**

Information on this form will be kept on a secure Cumbria County Council database and will be accessed

by a number of authorised persons within Children’s Centres and People Directorate. We will only use

your personal information when the law allows us to. Please see our Privacy Notice for further information:

[**www.cumbria.gov.uk/eLibrary/Content/Internet/536/17354/4324395910.pdf**](http://www.cumbria.gov.uk/eLibrary/Content/Internet/536/17354/4324395910.pdf)

**Office use only:** Form completed by: