

Welcome to Bracknell Forest Council's Children's Centres



In order to make sure you get the best possible service from your Children's Centre we would like to know some more information about you and your family. Please complete all sections of this form and return to a member of staff. This should take no more than 5 minutes of your time and it is important that you complete it as fully as possible. Once you are registered, you will be able to access all the services and support on offer at your local children's centre.

Please ensure that you notify your centre of any changes in circumstances (e.g new baby)

Children's Centre staff will be happy to help you fill in any part of this form that you find difficult – just ask them.

Children's Centres offer a range of support and services to parents and carers from pregnancy to when the child is five years old. We know that caring for a young family is not always easy, so we offer opportunities for you to meet others, play with your children and have a chat about any concerns you may have.

Main Carer	
First name	Surname
Legal name (if different)	DOB:
Home Address	Postcode
	Home telephone number
	Family Health Visitor
Relationship to child please tick <input type="checkbox"/> Mum <input type="checkbox"/> Dad <input type="checkbox"/> Grandparent <input type="checkbox"/> Other* (If you are a childminder or other professional home-carer please speak to a member of staff about your registration options) *Other please state:	
Would you consider yourself to be a lone parent? <input type="checkbox"/> No <input type="checkbox"/> Yes	Are you pregnant <input type="checkbox"/> No <input type="checkbox"/> Yes (if YES please give due date) Due date:
Mobile	E-mail

More about you and you family:		
Employment Status Do you consider that you live in a workless household? <input type="checkbox"/> No <input type="checkbox"/> Yes Are you unemployed on benefits? <input type="checkbox"/> No <input type="checkbox"/> Yes Are you unemployed not on benefits? <input type="checkbox"/> No <input type="checkbox"/> Yes Are you employed Full Time/Partime?		
Are you or anybody in the family in receipt of any of the following benefits?	Working Families Tax Credit	
	Job Seekers Allowance	
	ESA	
	Disability Allowance	
	Child Tax Credit	
	Other* Please state	

Do you have a Disability	No	Yes
*Please specify		
Have you experienced domestic abuse?	In the past	Currently
	Never	Prefer not to say
Do you speak any languages other than English at home?	No	Yes*
Does anyone else in your household smoke? No <input type="checkbox"/> Yes <input type="checkbox"/> Who?	* Which ones?	

Second Carer	
First name	Surname
Legal name (if different)	DOB:
Home Address	Postcode
	Home telephone number
	Family Health Visitor

Relationship to child please tick <input type="checkbox"/> Mum <input type="checkbox"/> Dad <input type="checkbox"/> Grandparent <input type="checkbox"/> Other* (If you are a childminder or other professional home-carer please speak to a member of staff about your registration options) *Other please state:	
Would you consider yourself to be a lone parent? <input type="checkbox"/> No <input type="checkbox"/> Yes	Are you pregnant <input type="checkbox"/> No <input type="checkbox"/> Yes (if YES please give due date) Due date:
Mobile	E-mail

More about you and you family:

Employment Status
 Do you consider that you live in a workless household? No Yes
 Are you unemployed on benefits? No Yes
 Are you unemployed not on benefits? No Yes
 Are you employed Full Time/Partime?

Are you or anybody in the family in receipt of any of the following benefits?	Working Families Tax Credit	
	Job Seekers Allowance	
	ESA	
	Disability Allowance	
	Child Tax Credit	
	Other* Please state	

Do you have a Disability/special need	No	Yes*
*Please specify		
Have you experienced domestic abuse?	In the past	Currently
	Never	Prefer not to say
Do you speak any languages other than English at home?	No	Yes
Does anyone else in your household smoke? No <input type="checkbox"/> Yes <input type="checkbox"/> Who?	* Which ones?	

YOUR CHILDREN									
	1			2			3		
First name									
Surname									
Date of Birth									
Male or Female	M		F	M		F	M		F
Any disability/special need	No		Yes*	No		Yes*	No		Yes*
* Please describe those that the Children's Centre need to be aware of									
Breast Fed	No		At Birth	No		At Birth	No		At Birth
	6-8wks		3-6mths	6-8wks		3-6mths	6-8wks		3-6mths
	6-12mths			6-12mths			6-12mths		

