

Baby registration

Today's Date:	Date of Birth:	Boy / Girl:
Surname (Family Name):		First Name(s):
Address:		Home Tel Number:
Postcode:		Mobile Number:
How would you prefer to be contacted?		Do you consent to SMS texting Yes/No
		How do you prefer to be contacted? SMS Texting/Email/Telephone/Letter/ Fax
		E-mail:
Ethnicity:-		
White British/Other White White Irish Asian/Other Bangladesh Black Caribbean		
Black African British Mixed Chinese Other Black Other Mixed		
Do not wish to disclose		
Parent or Guardian Details:-		
Name(s):		Contact Tel Number:
Address:		Mobile Number:
		E-mail:
Place of Birth:	Main Language Spoken:	Religion:
Were there any problems at birth? Yes / No if yes please detail:		
Are you happy for your child to have Summary Care Record?		Yes/No