# NAPIER ROAD SURGERY

# Additional child registration form

This form will be used in conjuction with the standard registration form for children that the practice uses. This form gains further information around the child in order for the practice to effectively support their needs.

**Name**

**Date of Birth**

**Address**

1. **Has the child or family previously been known or are they currently known to Children’s Services?**

Yes No

1. **If known, in what capacity?**

Early Help Child in need

Child protection Looked after child

Private fostering

1. **If curently open to Childrens Services or a looked after child please provide details of the social worker involved:**

Name

Contact number

Email

Team contact number / email address

1. **For looked after children, what care order are they accomodated on:**

Section 20 (voluntary care)

Interim care order/ full care order

1. **For a looked after child, where do they originate from:**

Kent

Medway

Other please state where

1. **Parent/carer information**

Name of Parent / foster carer

1. **Does the above named person have legal responsibilty for the child?**

Yes No

1. **If the above named person does not hold legal parental responsibilty for the child, please enter below the person who does:**

Name

Contact number

Email

Team contact number / email address

1. **Are there any other agencies involved with the child?**

Yes No

If yes who