**NEW FAMILY REGISTRATION – FOR CHILDREN 5YRS AND UNDER ONLY**

Dear Parent/Carer

This document is for the purpose of sharing information with Children’s Teams (Health Visitor and School Nurses)

**CHILDREN/S NAMES DOB NHS NO: HEALTH PROBLEMS**

**PARENT/CARERS NAME(S) DOB NHS NO: HEALTH PROBLEMS**

**CURRENT ADDRESS TELEPHONE NUMBERS**

**DAYTIME**

**MOBILE**

**PREVIOUS ADDRESS PREVIOUS GP**

**PREVIOUS HV/SN**

**Signed……………………………………………………………………… Date………………………………………………………**

Please return to the GP practice who will pass the form to Children’s Services Link Health Visitor/School Nurse