## **ChildCount+ Form A: REGISTRATION**

Focus on: Household Heads, Children Under 5, and Pregnant Women

CHW Name:	
CHW Number:	

GENERAL REGISTRATION: For any household member without a HEALTH ID that needs to be recorded in the CHW data system.

Date	HEALTH ID	General Registration	Location Code	First Name	Family Name [Sur-name]	Sex (M-F)	Birth Date [DDMMYY] or Age [m,y]	Household Head HEALTH ID [P = Person is HH Head]	Birth	Mother's HEALTH ID [U = Unknown]	Delivered in Health Facility? (Y-N-U)	Weight at Birth [in KG]	Mobile Phone	Mobile Phone Number
		+NEW						_	+BIR	-			+MOB	
		+NEW							+BIR				+MOB	
		+NEW							+BIR				+MOB	
		+NEW							+BIR				+MOB	
		+NEW							+BIR				+MOB	
		+NEW							+BIR				+MOB	
		+NEW							+BIR				+MOB	
		+NEW							+BIR				+MOB	
		+NEW							+BIR				+MOB	
		+NEW							+BIR				+MOB	
		+NEW							+BIR				+MOB	
		+NEW							+BIR				+MOB	
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