

Hertsmere Leisure Children's Centre



Registration Form Family No:

Hertsmere Leisure are committed to protecting your privacy. This information will be treated confidentially.

Main Family's Address
..... Postcode
Home phone number
Family doctor Health visitor

1st Carers Details: mother, father, grandparents, foster parent, step parent, etc

Relationship to child Mrs/Ms/Mr
Surname First Name Parental responsibility? (legal) **Y / N**
Date of Birth Mobile no Resident at main address? **Y / N**
Address (if not at main address)
Postcode Email address

Are you working:

Yes (please tick one) full time part-time maternity leave baby due:
No (please tick one) unemployed volunteer looking after family retired

Do you have a disability **Y / N**

Languages:

English (please tick) not spoken basic English fluent Other languages spoken

Religion Country of Birth

Do you smoke? **Y / N** Are you a Lone Parent? **Y / N**

2nd Carers Details: mother, father, childminder, grandparents, foster parent, step parent, etc

Relationship to child Mrs/Ms/Mr
Surname First Name Parental responsibility? (legal) **Y / N**
Date of Birth Mobile no Resident at main address? **Y / N**
Address (if not at main address)
Postcode Email address

Are you working:

Yes (please tick one) full time part-time maternity leave baby due:
No (please tick one) unemployed volunteer looking after family retired

Do you have a disability **Y / N**

Languages:

English (please tick) not spoken basic English fluent Other languages spoken

Religion Country of Birth

Do you smoke? **Y / N** Are you a Lone Parent? **Y / N**

1st Childs Details:

Surname First Name Date of Birth

Primary Carer Male / Female (please circle)

Resident at main address? Y / N Address (if not at main address)

..... Postcode

Does your child have any medical conditions and / or disabilities or special needs? Y / N

Languages:

English (please tick) not spoken basic English fluent Other languages spoken

Religion Country of Birth

Breastfed at birth for 6 weeks 3 months 6 months 1 year

Are the immunisations up to date? Y / N

2nd Childs Details:

Surname First Name Date of Birth

Primary Carer Male / Female (please circle)

Resident at main address? Y / N Address (if not at main address)

..... Postcode

Does your child have any medical conditions and / or disabilities or special needs? Y / N

Languages:

English (please tick) not spoken basic English fluent Other languages spoken

Religion Country of Birth

Breastfed at birth for 6 weeks 3 months 6 months 1 year

Are the immunisations up to date? Y / N

3rd Childs Details:

Surname First Name Date of Birth

Primary Carer Male / Female (please circle)

Resident at main address? Y / N Address (if not at main address)

..... Postcode

Does your child have any medical conditions and / or disabilities or special needs? Y / N

Languages:

English (please tick) not spoken basic English fluent Other languages spoken

Religion Country of Birth

Breastfed at birth for 6 weeks 3 months 6 months 1 year

Are the immunisations up to date? Y / N

Additional information

Have you recently moved into the area? **Y / N** (Please give details)

.....

Which of the following services would you be interested in using in the future?

- | | | | | | |
|-------------------|--------------------------|-----------------------|--------------------------|------------------------|--------------------------|
| Parenting group | <input type="checkbox"/> | Volunteering | <input type="checkbox"/> | Advice sessions | <input type="checkbox"/> |
| Crèche facilities | <input type="checkbox"/> | Breastfeeding support | <input type="checkbox"/> | First aid courses | <input type="checkbox"/> |
| Toy library | <input type="checkbox"/> | Parents forum | <input type="checkbox"/> | Baby massage | <input type="checkbox"/> |
| Play and stay | <input type="checkbox"/> | IT training | <input type="checkbox"/> | Child care information | <input type="checkbox"/> |
| Postnatal groups | <input type="checkbox"/> | Homestart | <input type="checkbox"/> | Childminder groups | <input type="checkbox"/> |

How did you hear about the Children's Centre?

- | | | | | | |
|----------------------|--------------------------|-------------------------|--------------------------|-----------------|--------------------------|
| Leaflets | <input type="checkbox"/> | Children's Centre staff | <input type="checkbox"/> | Word of mouth | <input type="checkbox"/> |
| Posters | <input type="checkbox"/> | Childcare provider | <input type="checkbox"/> | Health Visitor | <input type="checkbox"/> |
| Midwife | <input type="checkbox"/> | Local authority | <input type="checkbox"/> | Press/publicity | <input type="checkbox"/> |
| Other – please state | <input type="checkbox"/> | | | | |

Ethnicity	Child	Child	Child	Carer	Carer		Child	Child	Child	Carer	Carer		Child	Child	Child	Carer	Carer
	1	2	3	1	2		1	2	3	1	2		1	2	3	1	2
White						Asian or Asian British						Chinese or other ethnic group					
British						Indian						Chinese					
Irish						Pakistani						other					
Any other						Bangladeshi											
						Any other											
Mixed						Black or black British						Traveller					
White/black African						Caribbean						Irish					
White/Asian						African						Romany					
Any other						Any other						other					

Permission request

We need your permission for the items listed below.

If you have any problems please talk to a member of staff.

- a) *I agree that personal information about my child may be shared with other agencies and with other professionals on a 'need to know' basis. You will be advised of the information being shared.* Y / N
- b) *Staff working with the children often use photographs to illustrate the work we do and on occasion the local press also take photographs of the children. I give my permission for my child's photograph to be used to advertise Children's Centre activities* Y / N
- c) *I agree/do not agree to photographic/video images of my child appearing on the Hertsmere Leisure Children's Centre Website* Y / N

Signature Print Name Date

This section is to be completed only for Starjumps Nursery Children

Emergency contact (Other than parents)

Mr / Mrs / Miss / First name Surname
(Please circle or complete)

Address

Post Code Tel No

Relationship to child:

Neighbour / Childminder / Friend / Grandma / Grandad / Auntie / Uncle / Other

(Please circle or complete)

Extra Medical Information (please detail any regular medication taken and Childs name)

.....
.....
.....

d) *I am / am not willing for my child to join outings organised by the Day Nursery staff e.g. short walk* Y / N

e) *In the event of an emergency and you are unable to contact any of my emergency contacts listed above I give permission for my child to be accompanied by member of staff and taken to hospital in an ambulance. If necessary I give permission for my child to be X rayed.* Y / N

f) *I have read the policies and procedures literature* Y / N

g) *I am happy for my child's records to be passed on to his/her next early years provision* Y / N

h) *I give permission for you to apply sun cream when necessary* Y / N

i) *I give permission for you to use face paints on my child* Y / N

Signature Print Name Date
Parent and/or guardian

Please return this form to:

Office use only:

Checked

Date:

Signature:

Hertsmere Leisure is committed to protecting your Privacy. We will process (that means collect, store and use) the information you provide in a manner that is compatible with the Data Protection Act.

The information on this form will be kept confidential and only assessable by the children's centres and county council officials for monitoring purposes. You have a general right to be given access to personal data held. If you wish to access your personal data or that of your child, then please contact the children's centre in writing.

