

Registration Form

Hertfordshire Children's Centre programme

www.hertsdirect.org/childrenscentres

Main parent/carer

(person with parental responsibility with whom the child/children live)

Title: Legal first name:



Legal middle name(s):

Legal surname:

Gender: M F Date of birth: Country of birth:

Address:

Postcode:

Main number: Mobile number:

Email:

Housing status: Homeless Renting (council/housing association) Living with friends/relatives
(please tick only one box) Temporary accommodation Renting (private) Owner occupied

Ethnicity: *(please tick only one box) (codes for staff use only)*

ABAN Bangladeshi BOTH Any Other Black Background WBRI White - British
AIND Indian CHNE Chinese WIRI White - Irish
APKN Pakistani MWAS White and Asian WIRT Traveller of Irish Heritage
AOTH Any Other Asian MWBA White and Black African WROM Gypsy/Roma
BAFR Black - African MWBC White and Black Caribbean WOTH Any Other White Background
BCRB Black - Caribbean MOTH Any Other Mixed Background OOTH Any Other Ethnic Group
 Prefer not to say Any further information:

Religion: *(any denomination)* Buddhist Christian Hindu Jewish Muslim
(please tick only one box) Sikh None Other Prefer not to say

Relationship to child(ren): Mother Father Grandparent Step-parent Foster carer
(please tick only one box) Brother Sister Aunt Uncle Childminder

Marital status: Single Married Living with partner Civil partnership
(please tick only one box) Divorced Separated Widowed Prefer not to say

Are you: A lone parent: Y N Teenage parent: Y N Refugee or asylum seeker: Y N

What is your first language: Interpreter required: Y N

Do you speak English: Y N If yes, tick one box from the following: Basic Conversational Fluent

Are you expecting a baby: Y N N/A If yes, due date Are you planning to breastfeed: Y N

Do you have a disability or long term illness: Y N If yes, please tick all that apply.
 Autistic Spectrum Disorder Behaviour, Emotional and Social Difficulties Hearing Impairment
 Moderate Learning Difficulty Multi-Sensory Impairment Physical Disability
 Profound and Multiple Learning Difficulty Severe Learning Difficulty Specific Learning Difficulty
 Speech, Language and Communication Needs Visual Impairment Mental Health
 Other (please specify):

Do you smoke: Y N If yes, would you like help to give up: Y N Any other smoker(s) living in the household: Y N

Do you have a GCSE (A*-C) or equivalent for: English Maths Are you currently in education: Y N

Employment status: Full time Part time Self employed Carer
(please tick only one box) Looking after family Training/education Maternity/Paternity Leave Sick/disabled
 Retired Volunteer Unemployed looking for work
 Unemployed not looking for work Prefer not to say

Are you claiming benefits: No Income Support Incapacity/ESA Job Seekers Allowance
(please tick all that apply) Disability Living Allowance Carers Allowance Pension Credit Other
 Working tax credit Universal credit Housing benefit

Other parent/carer

Title: Legal first name:
Legal middle name(s):
Legal surname:



Gender: M F Date of birth: Country of birth:

Address:
 Postcode:

Main number: Mobile number:

Email:

Housing status: Homeless Renting (council/housing association) Living with friends/relatives
(please tick only one box) Temporary accommodation Renting (private) Owner occupied

Ethnicity: *(please tick only one box) (codes for staff use only)*

ABAN <input type="checkbox"/> Bangladeshi	BOTH <input type="checkbox"/> Any Other Black Background	WBRI <input type="checkbox"/> White - British
AIND <input type="checkbox"/> Indian	CHNE <input type="checkbox"/> Chinese	WIRI <input type="checkbox"/> White - Irish
APKN <input type="checkbox"/> Pakistani	MWAS <input type="checkbox"/> White and Asian	WIRT <input type="checkbox"/> Traveller of Irish Heritage
AOTH <input type="checkbox"/> Any Other Asian	MWBA <input type="checkbox"/> White and Black African	WROM <input type="checkbox"/> Gypsy/Roma
BAFR <input type="checkbox"/> Black - African	MWBC <input type="checkbox"/> White and Black Caribbean	WOTH <input type="checkbox"/> Any Other White Background
BCRB <input type="checkbox"/> Black - Caribbean	MOTH <input type="checkbox"/> Any Other Mixed Background	OOth <input type="checkbox"/> Any Other Ethnic Group
<input type="checkbox"/> Prefer not to say	Any further information: <input type="text"/>	

Religion: *(any denomination)* Buddhist Christian Hindu Jewish Muslim
(please tick only one box) Sikh None Other Prefer not to say

Relationship to child(ren): Mother Father Grandparent Step-parent Foster carer
(please tick only one box) Brother Sister Aunt Uncle Childminder

Marital status: Single Married Living with partner Civil partnership
(please tick only one box) Divorced Separated Widowed Prefer not to say

Are they: A lone parent: Y N Teenage parent: Y N Refugee or asylum seeker: Y N

What is their first language: Interpreter required: Y N

Do you speak English: Y N If yes, tick one box from the following: Basic Conversational Fluent

Are they expecting a baby: Y N N/A If yes, due date Are they planning to breastfeed: Y N

Do they have a disability or long term illness: Y N If yes, please tick all that apply.

<input type="checkbox"/> Autistic Spectrum Disorder	<input type="checkbox"/> Behaviour, Emotional and Social Difficulties	<input type="checkbox"/> Hearing Impairment
<input type="checkbox"/> Moderate Learning Difficulty	<input type="checkbox"/> Multi-Sensory Impairment	<input type="checkbox"/> Physical Disability
<input type="checkbox"/> Profound and Multiple Learning Difficulty	<input type="checkbox"/> Severe Learning Difficulty	<input type="checkbox"/> Specific Learning Difficulty
<input type="checkbox"/> Speech, Language and Communication Needs	<input type="checkbox"/> Visual Impairment	<input type="checkbox"/> Mental Health
<input type="checkbox"/> Other (please specify): <input type="text"/>		

Do they smoke: Y N If yes, would they like help to give up: Y N **Any other smoker(s) living in the household:** Y N

Do they have a GCSE (A*-C) or equivalent for: English Maths **Are they currently in education:** Y N

Employment status: Full time Part time Self employed Carer
(please tick only one box) Looking after family Training/education Maternity/Paternity Leave Sick/disabled
 Retired Volunteer Unemployed looking for work
 Unemployed not looking for work Prefer not to say

Are they claiming benefits: No Income Support Incapacity/ESA Job Seekers Allowance
(please tick all that apply) Disability Living Allowance Carers Allowance Pension Credit Other
 Working tax credit Universal credit Housing benefit

Household information

Have you moved to the area recently: Y N

Do you have family or friends in this area or nearby: Y N

Main family GP surgery and town:

How many children under 18 are living in the household:

How many people in the household are in work:

What is your household income: less than £15,000 £15,000 - £20,000 £20,000 - £22,000
(please tick only one box) £22,000 - £25,000 £25,000 - £29,000 £29,000 or over

How did you hear about the children's centre: Leaflet Family/friend Registry office Midwife
 Health visitor Doctor Website Children's centre
(please tick all that apply) Other, please specify

Any further information about your family:

Children's information (If you are registering more than 2 children please see a member of staff and tick here)

Child 1



Legal first name:

Legal middle name(s):

Legal surname:

Gender: M F Date of birth: Country of birth:

NHS number: School:

Birth weight: lbs ozs or kgs Length of pregnancy: weeks days

Was this child breastfed at: (tick all that apply) Birth 6 weeks 3 months 6 months 1 year Not at all

Ethnicity: (please tick only one box) (codes for staff use only)

ABAN <input type="checkbox"/> Bangladeshi	BOTH <input type="checkbox"/> Any Other Black Background	WBRI <input type="checkbox"/> White - British
AIND <input type="checkbox"/> Indian	CHNE <input type="checkbox"/> Chinese	WIRI <input type="checkbox"/> White - Irish
APKN <input type="checkbox"/> Pakistani	MWAS <input type="checkbox"/> White and Asian	WIRT <input type="checkbox"/> Traveller of Irish Heritage
AOTH <input type="checkbox"/> Any Other Asian	MWBA <input type="checkbox"/> White and Black African	WROM <input type="checkbox"/> Gypsy/Roma
BAFR <input type="checkbox"/> Black - African	MWBC <input type="checkbox"/> White and Black Caribbean	WOTH <input type="checkbox"/> Any Other White Background
BCRB <input type="checkbox"/> Black - Caribbean	MOTH <input type="checkbox"/> Any Other Mixed Background	OOTH <input type="checkbox"/> Any Other Ethnic Group
<input type="checkbox"/> Prefer not to say	Any further information: <input type="text"/>	

Religion: (any denomination) Buddhist Christian Hindu Jewish Muslim
(please tick only one box) Sikh None Other Prefer not to say

Does this child speak English: Y N N/A If no, what language:

Do they have a disability or long term illness: Y N If yes, please tick all that apply.

<input type="checkbox"/> Autistic Spectrum Disorder	<input type="checkbox"/> Behaviour, Emotional and Social Difficulties	<input type="checkbox"/> Hearing Impairment
<input type="checkbox"/> Moderate Learning Difficulty	<input type="checkbox"/> Multi-Sensory Impairment	<input type="checkbox"/> Physical Disability
<input type="checkbox"/> Profound and Multiple Learning Difficulty	<input type="checkbox"/> Severe Learning Difficulty	<input type="checkbox"/> Specific Learning Difficulty
<input type="checkbox"/> Speech, Language and Communication Needs	<input type="checkbox"/> Visual Impairment	<input type="checkbox"/> Mental Health
<input type="checkbox"/> Other (please specify): <input type="text"/>		

Child 2



Legal first name:

Legal middle name(s):

Legal surname:

Gender: M F

Date of birth:

Country of birth:

NHS number:

School:

Birth weight: lbs ozs or kgs Length of pregnancy: weeks days

Was this child breastfed at: (tick all that apply) Birth 6 weeks 3 months 6 months 1 year Not at all

Ethnicity: (please tick only one box) (codes for staff use only)

ABAN Bangladeshi

BOTH Any Other Black Background

WBRI White - British

AIND Indian

CHNE Chinese

WIRI White - Irish

APKN Pakistani

MWAS White and Asian

WIRT Traveller of Irish Heritage

AOTH Any Other Asian

MWBA White and Black African

WROM Gypsy/Roma

BAFR Black - African

MWBC White and Black Caribbean

WOTH Any Other White Background

BCRB Black - Caribbean

MOTH Any Other Mixed Background

OOTH Any Other Ethnic Group

Prefer not to say

Any further information:

Religion: (any denomination) Buddhist Christian Hindu Jewish Muslim

(please tick only one box) Sikh None Other Prefer not to say

Does this child speak English: Y N NA If no, what language:

Do they have a disability or long term illness: Y N If yes, please tick all that apply.

Autistic Spectrum Disorder

Behaviour, Emotional and Social Difficulties

Hearing Impairment

Moderate Learning Difficulty

Multi-Sensory Impairment

Physical Disability

Profound and Multiple Learning Difficulty

Severe Learning Difficulty

Specific Learning Difficulty

Speech, Language and Communication Needs

Visual Impairment

Mental Health

Other (please specify):

Statement

Any information regarding you and your family is kept confidential by Hertfordshire County Council and will not be passed to organisations outside of Hertfordshire's Children's Centre partners without your consent, unless it is of a child protection nature, if so information will be shared with the appropriate agencies. Hertfordshire County Council undertakes to keep all information provided in a secure location and in compliance with the Data Protection Act 1998.

Declaration

I understand that the information I have given about myself and any other individual will be held and processed for Hertfordshire County Council's statistical monitoring and evaluation purposes.

I declare that all information I have provided on this form is true to my knowledge.

I give my consent that a children's centre may contact me, and any other parent or carer I have given details for, regarding information on services and events. Y N

Signed main parent/carer:

Print name:

Date:

