

Pre-School Learning Alliance Barleyfields Children's Centre Registration Form



Please return this form to:
Barleyfields Children's Centre, Woolmer Green Village Hall,
Hall Lane, Woolmer Green SG3 6FD
☎ 01438 814104

Working in partnership with the local communities of Knebworth, Woolmer Green and Oaklands to support families in building a brighter future.

I wish to register my family and child/children with Hertfordshire Sure Start Children's Centres. By registering these details I understand that the information will be held confidentially on the Hertfordshire Children's Centre database and only shared with partner organisations such as Hertfordshire County Council services, health services and children's agencies, for the purpose of contacting families to provide appropriate and timely services, evaluate service provision and for statistical analysis.

I understand that I will receive information about activities, services and events within the area, and I may be invited to take part in research and evaluation from time to time.

Please note that the 'Notes' page (last page) is there to help you complete this form.

I have read and understood the above and give my consent for you to store this written information.

Signed parent/ carer (1)

Print Name Date

I have read and understood the above and give my consent for you to store this written information.

Signed parent/ carer (2)

Print Name Date

Please inform us of any changes to your contact details.

Please ask a member of staff if you would like help to complete this form



Sure Start Children's Centres

Parent/ Carer 1 This is the person who will be sent information.

Title	Name	Middle Name	Surname	
Address				
Postcode				
Telephone number			Email	
Relationship to the child/ children you are telling us about on this form.(e.g. mother, father, grandparent etc)				
Parent/Carer 1's Date of birth			Parent/Carer 1's Country of Birth	
Parent Gender (please tick)	Male	Female	Name of GP surgery	
The following questions will help us to provide appropriate services to meet local need.				
Marital status		Are you a lone parent?	Yes	No
Are you expecting a baby?	Yes	No	Due date	
Are you claiming any benefits? If so which benefits are you claiming?				
Employment Status (please tick)				
Employed Full Time	Employed Part Time	Looking after family/ home/ full time carer		
Maternity Leave	Permanently sick/ disabled	Retired		
Training /Education	Unemployed	Volunteer		
If you are working part time, please state number of hours.				
Housing Status (please tick)				
Home Owner	Private Tenant	Housing Association or Council Tenant		
Living with relatives or friends	Homeless	Temporary accommodation	Traveller	
Ethnicity		Religion		
Are you an asylum seeker?		Are you a refugee?		
First Language		Language spoken at home		
Do you consider you have a special need?	Yes	No	Are you registered disabled?	Yes No
Do you smoke?	Yes	No	How many do you smoke a day?	
Would you like some help to stop smoking?				

Parent/ Carer

Title	Name	Middle Name	Surname	
Address				
Postcode				
Telephone number			Email	
Relationship to the child/ children you are telling us about on this form.(e.g. mother, father, grandparent etc)				
Parent/Carer 2's Date of birth			Country of Birth	
Gender (please tick)	Male	Female	Name of GP surgery	
The following questions will help us to provide appropriate services to meet local need.				
Marital status		Are you a lone parent?	Yes	No
Are you expecting a baby?	Yes	No	Due date	
Are you claiming any benefits? If so which benefits are you claiming?				
Employment Status (please tick)				
Employed Full Time	Employed Part Time	Looking after family/ home/ full time carer		
Maternity Leave	Permanent sick/ disabled	Retired		
Training /Education	Unemployed	Volunteer		
If you are working part time, please state number of hours.				
Housing Status (please tick)				
Home Owner	Private Tenant	Housing Association or Council Tenant		
Living with relatives or friends	Homeless	Temporary accommodation	Traveler	
Ethnicity		Religion		
Are you an asylum seeker?		Are you a refugee?		
First Language		Language spoken at home		
Do you consider you have a special need?	Yes	No	Are you registered disabled?	Yes No
Do you smoke?	Yes	No	How many do you smoke a day?	
Would you like some help to stop smoking?				

Please use this space to give us details of the children in your care:

Child's name and Surname	Date of birth	Gender		Lives with	School or childcare setting	Country of birth	Religion	Language Spoken	Ethnicity
		M	F						

Do you consider any of the children in your care have a special need? (If so please state the child's name)	Yes	No
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Are any of the children in your care registered disabled? (If so please state the child's name)	Yes	No
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Please use this space to tell us the nature of the child/ children's special needs and/ or disability if you wish to do so.

Please use this space to tell us anything else you would like us to know
(If any of the children named above do not live at the same address as the parent/carer please give details)

For Children's Centre Use. Notes or information requested.

	Print Name	Date	Signed
Staff member completing form.			
Preferred Children's Centre		Registration Status	
E-start ID Number			