



## 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

**Family Address:**

**Address:**

  

**Postcode:**

<b>Home Telephone number:</b>	<b>Name of GP surgery:</b>
	<b>Name of Health Visitor:</b>

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

Childs name & surname	Date of birth	Gender		Lives with	School or childcare setting	Country of birth	Religion	Language Spoken	Ethnicity
		M	F						

<b>Do you consider any member of this family has a special need?</b> (If so please state their name and the nature of the special need.)	Yes	No
<b>Are any of the members of this family registered disabled?</b> (If so please state their name and the nature of the disability.)	Yes	No

**Please use this space to tell us anything else you would like us to know:**  
(If any of the family do not live at the address stated above please let us know here. If anyone is expecting a baby please tell us their name and due date here.)

**For Centre Use**

Family Membership Number:  
Entered by:

Date:

Parent/Carer 1	Parent/Carer 2
<p><b>Relationship to the child/children you are telling us about on this form?</b> (e.g. mother, father, grandparent, nanny, etc.)</p> <p><b>Do you have parental responsibility for the child/children you are telling us about?</b> Yes/No</p> <p><b>Title:</b> Mr/Mrs/Miss/Other(please state)</p> <p><b>Gender:</b> Male/Female</p> <p><b>Full Name:</b></p> <p><b>Mobile number:</b></p> <p><b>Email address (please print clearly):</b></p> <p><b>Date of birth:</b></p> <p><b>Country of birth:</b></p> <p><b>Are you a lone parent?</b> No/Yes</p> <p><b>Marital Status:</b></p> <p><b>Do you currently receive any state benefits?</b> No/Yes Which?</p> <p><b>Employment status?</b> If employed, for how many hours per week?</p> <p><b>Housing status?</b> Home owner/Private Tenant/Housing Association or Council Tenant/Living with relatives or friends/Homeless/Temporary Accommodation/Traveler</p> <p><b>Ethnicity:</b></p> <p><b>Religion:</b></p> <p><b>Language spoken at home:</b></p> <p><b>Are you an asylum seeker?</b> No/Yes</p> <p><b>Are you a refugee?</b> No/Yes</p> <p><b>Do you smoke?</b> No/Yes      How many per day? Would you like help to quit? Yes/No</p>	<p><b>Relationship to the child/children you are telling us about on this form?</b> (e.g. mother, father, grandparent, nanny, etc.)</p> <p><b>Do you have parental responsibility for the child/children you are telling us about?</b> Yes/No</p> <p><b>Title:</b> Mr/Mrs/Miss/Other(please state)</p> <p><b>Gender:</b> Male/Female</p> <p><b>Full Name:</b></p> <p><b>Mobile number:</b></p> <p><b>Email address (please print clearly):</b></p> <p><b>Date of birth:</b></p> <p><b>Country of birth:</b></p> <p><b>Are you a lone parent?</b> No/Yes</p> <p><b>Marital Status:</b></p> <p><b>Do you currently receive any state benefits?</b> No/Yes Which?</p> <p><b>Employment status?</b> If employed, for how many hours per week?</p> <p><b>Housing status?</b> Home owner/Private Tenant/Housing Association or Council Tenant/Living with relatives or friends/Homeless/Temporary Accommodation/Traveler</p> <p><b>Ethnicity:</b></p> <p><b>Religion:</b></p> <p><b>Language spoken at home:</b></p> <p><b>Are you an asylum seeker?</b> No/Yes</p> <p><b>Are you a refugee?</b> No/Yes</p> <p><b>Do you smoke?</b> No/Yes      How many per day? Would you like help to quit? Yes/No</p>

**Photo Permission** (Please indicate below as required)

I confirm that I **do /do not** give written permission for Barleyfields Children's Centre to photograph my child/children. I agree that Children's Centre and the Pre-school Learning Alliance may display and publish their photograph for the purpose of promoting Children's Centres to professionals and the general public. I understand that there will be no payment to either myself or the children for participating in the promotion scheme.

**Registration Permission**

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.

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

**Signed**  
Parent/Carer 1 .....

**Signed**  
Parent/Carer 2.....

## Explanatory Notes:

<b>Title of carer</b>		<b>Religion</b> describes religion of the child as specified by the carer
Dr		Agnostic
Miss		Christian (any Christian denominations)
Mr		Buddhist
Mrs		Hindu
Ms		Jewish
Rev		Muslim
Other		None
		Sikh
		Any other religion
<b>Relationship to child/children</b> describes the relationship of the carer to the child		<b>Special Needs</b> describes the Special Need categories for Carers and Children as identified by individuals.
Father		Autistic Spectrum Disorder <b>ASD</b>
Mother		Behaviour, Emotional & Social Difficulties <b>BESD</b>
Aunt		Hearing Impairment <b>HI</b>
Uncle		Moderate Learning Difficulty <b>MLD</b>
Grandfather		Multi-Sensory Impairment <b>MNSI</b>
Grandmother		Other Difficulty/Disability <b>Other D/D</b>
Brother		Physical Disability <b>PD</b>
Sister		Profound & Multiple Learning Difficulty <b>PMLD</b>
Step-father		Severe Learning Difficulty <b>SLD</b>
Step-mother		Specific Learning Difficulty <b>SPEC LD</b>
Childminder – Male	Childminder - Female	Speech, Language and Communication Needs <b>S&amp;L</b>
Foster-carer – Male	Foster carer - Female	Visual Impairment <b>VI</b>
<b>Benefits</b> – describes the type of benefits that a carer or family are claiming		<b>Registered Disabled</b> shows the disability descriptions for carers and children as identified by the individual
Incapacity Benefit		Physical <b>PI</b>
Income Support		Learning <b>LDD</b>
Job Seekers Allowance		Mental Health <b>MH</b>
Pension credit		Sensory <b>SI</b>
Disability Living Allowance		
Carers Allowance		
Other		
<b>Employment</b> - describes the employment or training status of the carer.		<b>English Language</b> - describes fluency of English for both the Carer and Child.
Employed – full time	<b>EFT</b>	First Language <b>F1</b>
Employed – part time	<b>EPT</b>	Basic <b>B</b>
Looking after family/home/full time carer	<b>Home</b>	Conversational <b>C</b>
Training / education	<b>TE</b>	Fluent – second language <b>F2</b>
Maternity leave	<b>ML</b>	Not spoken / Interpreter required <b>NS</b>
Not disclosed	<b>ND</b>	Unknown <b>U</b>
Permanently sick / disabled	<b>PSD</b>	
Retired	<b>R</b>	
Unemployed	<b>UE</b>	
Volunteer	<b>V</b>	
		<b>Ethnicity</b> - describes the ethnicity of the Carer and the Child
		<b>Asian or Asian British</b> - Any other Asian <b>ABO</b>
		- Bangladeshi <b>ABB</b>
		- Indian <b>ABI</b>
		- Pakistani <b>ABP</b>
		<b>Black or Black British</b> - African <b>BBA</b>
		- Caribbean <b>BBC</b>
		- Any other Black <b>BBO</b>
		<b>Chinese</b> <b>C</b>
		<b>Mixed</b> - Any other Mixed background <b>MO</b>
		- White and Asian <b>MWA</b>
		- White and Black African <b>MWBA</b>
		- White and Black Caribbean <b>MWBC</b>
		<b>White</b> - Any other White background <b>WO</b>
		- British <b>WB</b>
		- Irish <b>WI</b>
		- Gypsy/Roma <b>WGR</b>
		- Traveller from Irish Heritage <b>WT</b>
		<b>Any other Ethnic Group</b> <b>OEG</b>
		Does not wish ethnicity to be recorded <b>NR</b>
		Information not obtained <b>NO</b>

