

BEECHFIELD CHILDREN'S CENTRE REGISTRATION FORM

Title	First name	Surname
Marital status: Please tick Married Single Divorced Living with partner Separated Widowed		GP Surgery
Your home address		Your date of birth.
Post Code		Country of birth:
Telephone number (home)		
(mobile)		
E mail address		
First Language		
Spoken		
Read		
Written		
Your Health Visitor:		
Are you the main carer for your children?		Y/N
Who do you live with? (Please tick) Partner Parent Alone Grandparents Other		
Do you smoke? Y/N		If yes, how many do you smoke a day?
Is your home: Council Housing Association Owned Owned – mortgaged (Please tick)		If you are expecting a baby or have a young baby you can get a copy of "the parents guide to money" from your Children's Centre.
Your religion:		If you are expecting a baby, please give us the due date.

<p>Does any family member have a disability or additional needs? (Please tick) If yes can you please tell us what that disability is.</p>	<p>Parent Partner Child Self</p>
<p>Working status (Please tick)</p>	<p>Employed full time Employed part time On maternity leave Home maker Voluntary Unemployed</p> <p>How many hours a day do you work?</p>
<p>How did you hear about the centre?</p>	
<p>We issue monthly newsletters electronically. Please tick if you would like one. Alternatively you can collect one from the Children's Centre.</p>	<p>Yes No</p>
<p>If yes, how would you like to receive the newsletter? (Please tick)</p>	<p>E-mail Paper</p>
<p>Are you in receipt of any benefits? (If yes please give details)</p>	<p>Details of benefits.</p>

Finally, we would like to get your agreement to take and use photographs whilst you are in the centre. Please indicate below if you are happy with this arrangement.

Please note that we will not put any photographs on the internet.

I give permission for photographs of my son/daughter to be used for the purpose of publicity and Children's Centre information.

I do **not** give permission for photographs of my son/daughter to be used for the purpose of publicity and Children's Centre information.

I understand that the information I have given will be held confidentially and shared with the Hertfordshire Sure Start Children's Centres and partner organisations such as Hertfordshire County Council services, health services and children's agencies.

Signed:

Date:.....

For monitoring purposes, please could you complete the question on your ethnic background

Please tick one box only

White

- British
- Irish
- Gypsy/Roma
- Traveller
- Any other white background

Mixed Heritage

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other mixed background

Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Any other Asian background

Black or Black British

- Caribbean
- African
- Any other Black background

Chinese or other ethnic group

- Chinese
- Other

If other, please specify.....

About your partner:

First name	Surname
Mr. Mrs. Ms (Please tick)	GP Surgery
Their address	Their date of birth
Post Code	Country of birth:
Telephone number (home)	
(mobile)	
Email address:	
First Language	
Spoken	
Read	
Written	
What is the relationship to your children?	Religion
Does your partner smoke? Y/N	If yes, how many do they smoke each day?
Working status)Please tick)	Employed full time Employed part time On maternity leave Home maker Voluntary Unemployed
Are they in receipt of any benefits? (If yes please specify)	How many hours a week do they work? Finally can you please give us your partners ethnicity

About your children

Childrens details		
Name	DOB	M/F
Name	DOB	M/F
Name	DOB	M/F
Name	DOB	M/F
Name	DOB	M/F
Name	DOB	M/F
What is your relationship to the above children?	What school do your children attend (if any)	
What religion (if any) do you consider your children to have?	What do you consider to be your children's ethnicity?	
Do any of the children have any disabilities or additional needs?	If yes please specify	