

HERTFORDSHIRE CHILDREN'S CENTRES

**FAMILY REGISTRATION FORM**



# Bridge Road Children's Centre

Woolenwick Infant and Nursery School, Bridge Road West, Stevenage, SG1 2NU

Telephone: 01438 202692

Email: [enquiries.bridgeroad@hertschildrenscentres.org.uk](mailto:enquiries.bridgeroad@hertschildrenscentres.org.uk)

Website: [www.hertschildrenscentres.org.uk/bridgeroad](http://www.hertschildrenscentres.org.uk/bridgeroad)

I wish to register my family and child/children with Hertfordshire Sure Start Children's Centres.

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.

This is for the purpose of contacting families to provide appropriate services, evaluate service provision and for statistical analysis.

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

|   |   |   |
|---|---|---|
| <p><b>SIGNED</b><br/><b>Parent / Carer</b></p> <p>.....</p>   | <p><b>Print Name</b></p> <p>.....</p>   | <p><b>Date:</b></p> <p>.....</p>          |
| <p><b>I give consent for my child to appear in photographs for publicity material for the Children's Centre</b></p> | <p><b>Yes</b> <input type="checkbox"/><br/><b>please sign:</b></p> <p>.....</p> | <p><b>No</b> <input type="checkbox"/></p> |

**Welcome to Hertfordshire Children's Centres.**

**Please register your family to be kept informed of future activities and developments. Your details will be held confidentially on the Hertfordshire Children's Centre database and shared with other Sure Start Children's Centres in Hertfordshire and our partner organisations.**

**Please inform us immediately of any changes to your contact details.**

**Main Parent / Carer (main correspondent - with whom child/children live)**

consent received to store information about this carer

send correspondence

|  |   |   |  |                                      |                                       |                                     |   |   |
|--|---|---|--|--------------------------------------|---------------------------------------|-------------------------------------|---|---|
| Title  | First Name                              | Middle Name                               | Surname  |                                      |                                       |                                     |   |   |
| Date of birth  |   |   | Country of Birth   |                                      |                                       |                                     |   |   |
| Gender   | <b>Male</b><br><input type="checkbox"/> | <b>Female</b><br><input type="checkbox"/> | Relationship to child/children<br><small>(see notes)</small> | GP Surgery / Health Visitor          |                                       |                                     |   |   |
| Marital status                                       | Married<br><input type="checkbox"/>     | Single<br><input type="checkbox"/>        | Living with partner<br><input type="checkbox"/>              | Divorced<br><input type="checkbox"/> | Separated<br><input type="checkbox"/> | Widowed<br><input type="checkbox"/> | Prefer to state<br><input type="checkbox"/> |   |
| Full Address:  |   |   |  |                                      |                                       |                                     |   |   |
| House No.  | Street:                                 |   |  |                                      |                                       |                                     |   |   |
| Town   | County                                  |   | Postcode   |                                      |                                       |                                     |   |   |
| Preferred contact tel. no.                           |   |   | Email Address  |                                      |                                       |                                     |   |   |
| Are you expecting a baby?                            | <b>Yes</b>                              | <b>No</b>                                 | Due Date   |                                      |                                       |                                     |   |   |
| Any Benefits Claimed <small>(see notes)</small>      |   |   |  |                                      |                                       |                                     |   |   |
| Employment status<br><small>(see notes)</small>      | Working hours                           |   | <16 hours <input type="checkbox"/>                           | 16-30 hours <input type="checkbox"/> | 30+ hours <input type="checkbox"/>    |                                     |   |   |
| Ethnicity <small>(see notes)</small>                 | Sub-ethnicity                           |   | Italian <input type="checkbox"/>                             | Polish <input type="checkbox"/>      | Turkish <input type="checkbox"/>      | Other <input type="checkbox"/>      |   |   |
| Lone Parent  | <b>Yes</b>                              | <b>No</b>                                 | Religion<br><small>(see notes)</small>                       |                                      |                                       |                                     |   |   |
| Asylum Seeker  | <b>Yes</b>                              | <b>No</b>                                 | Refugee  | <b>Yes</b>                           | <b>No</b>                             |                                     |   |   |
| Do you consider you have a special need?             | <b>Yes</b>                              | <b>No</b>                                 | Are you registered disabled?                                 | <b>Yes</b>                           | <b>No</b>                             |                                     |   |   |
| If <b>Yes</b> add code<br><small>(see notes)</small> |   |   | If <b>Yes</b> add code<br><small>(see notes)</small>         |                                      |                                       |                                     |   |   |
| English Language <small>(see notes)</small>          | <b>Spoken</b>                           |   | <b>Read</b>  |                                      | <b>Written</b>                        |                                     |   |   |
|  |   |   |  |                                      |                                       |                                     |   |   |
| Main Family Language                                 | 2 <sup>nd</sup> Family language         |   | Interpreter required   | <b>Y</b>                             | <b>N</b>                              |                                     |   |   |
| Do you smoke?  | <b>Yes</b>                              | <b>No</b>                                 | <b>If Yes</b>  | <20 a day <input type="checkbox"/>   | 20-40 a day <input type="checkbox"/>  | >40 a day <input type="checkbox"/>  | Quit for >4 weeks <input type="checkbox"/>  | Rather not say <input type="checkbox"/> |

|                                     |               |                   |             |
|-------------------------------------|---------------|-------------------|-------------|
| <i>For Children's Centre use:</i>   | <i>Signed</i> | <i>Print Name</i> | <i>Date</i> |
| <i>Staff member completing form</i> |               |                   |             |
| <i>Data input by</i>                |               |                   |             |
| <i>eStart Family ID</i>             | <i>Notes:</i> |                   |             |

### Other carer – partner, next of kin

 consent received to store information about this carer

 send correspondence

| Title  | First Name                              | Middle Name                               | Surname   |                                      |                                       |                                     |   |   |
|--|---|---|---|--------------------------------------|---------------------------------------|-------------------------------------|---|---|
|  |   |   |   |                                      |                                       |                                     |   |   |
| Date of birth  | Country of Birth                        |   |   | GP Surgery / Health Visitor          |                                       |                                     |   |   |
| Gender   | <b>Male</b><br><input type="checkbox"/> | <b>Female</b><br><input type="checkbox"/> | Relationship to child/children                  |                                      |                                       |                                     |   |   |
|  | (see notes)                             |   |   |                                      |                                       |                                     |   |   |
| Marital status   | Married<br><input type="checkbox"/>     | Single<br><input type="checkbox"/>        | Living with partner<br><input type="checkbox"/> | Divorced<br><input type="checkbox"/> | Separated<br><input type="checkbox"/> | Widowed<br><input type="checkbox"/> | Prefer to state<br><input type="checkbox"/> |   |
| Full Address (If different to parent/carer with whom child/children live(s)) |   |   |   |                                      |                                       |                                     |   |   |
| House No.  |   | Street:                                   |   |                                      |                                       |                                     |   |   |
| Town   |   | County                                    |   | Postcode                             |                                       |                                     |   |   |
| Preferred contact tel. no.   |   |   |   | Email Address                        |                                       |                                     |   |   |
| Are you expecting a baby?  | <b>Yes</b>                              |   | <b>No</b>                                       |                                      | Due Date                              |                                     |   |   |
| Any Benefits Claimed   | (see notes)                             |   |   |                                      |                                       |                                     |   |   |
| Employment status  | (see notes)                             |   | Working hours                                   | <16 hours <input type="checkbox"/>   | 16-30 hours <input type="checkbox"/>  | 30+ hours <input type="checkbox"/>  |   |   |
| Ethnicity  | (see notes)                             |   | Sub-ethnicity                                   | Italian <input type="checkbox"/>     | Polish <input type="checkbox"/>       | Turkish <input type="checkbox"/>    | Other <input type="checkbox"/>              |   |
| Lone Parent  | <b>Yes</b>                              |   | <b>No</b>                                       |                                      | Religion                              | (see notes)                         |   |   |
| Asylum Seeker  | <b>Yes</b>                              |   | <b>No</b>                                       |                                      | Refugee                               | <b>Yes</b>                          |   | <b>No</b>                               |
| Do you consider you have a special need?                                     | <b>Yes</b>                              |   | <b>No</b>                                       |                                      | Are you registered disabled?          | <b>Yes</b>                          |   | <b>No</b>                               |
| If <b>Yes</b> add code (see notes)   |   |   |   | If <b>Yes</b> add code (see notes)   |                                       |                                     |   |   |
| English Language   | (see notes)                             |   | Spoken  | Read                                 |                                       | Written                             |   |   |
| Main Family Language   |   |   | 2 <sup>nd</sup> Family language                 |                                      |                                       | Interpreter required                | <b>Y</b>                                    | <b>N</b>                                |
| Do you smoke?  | <b>Yes</b>                              | <b>No</b>                                 | If Yes  | <20 a day <input type="checkbox"/>   | 20-40 a day <input type="checkbox"/>  | >40 a day <input type="checkbox"/>  | Quit for >4 weeks <input type="checkbox"/>  | Rather not say <input type="checkbox"/> |

### Details of children you care for:

 consent received to store information about this child / children

| Child  | Forename    | Middle name | Surname          | D.O.B                            | Gender  |                                  | Lives with                     |             | School or childcare setting | Country of birth |
|--|-------------|-------------|------------------|----------------------------------|---|----------------------------------|--------------------------------|-------------|-----------------------------|------------------|
|  |             |             |                  |                                  | Male  | Female                           | Main Carer                     | Other Carer |                             |                  |
| eg   | John        | Alex        | Smith            | 31.12.05                         | Male  | Female                           | ✓                              | ✓           | Little Ones                 | UK               |
| 1 <sup>st</sup>  |             |             |                  |                                  | Male  | Female                           |                                |             |                             |                  |
| 2 <sup>nd</sup>  |             |             |                  |                                  | Male  | Female                           |                                |             |                             |                  |
| 3 <sup>rd</sup>  |             |             |                  |                                  | Male  | Female                           |                                |             |                             |                  |
| 4 <sup>th</sup>  |             |             |                  |                                  | Male  | Female                           |                                |             |                             |                  |
| 5 <sup>th</sup>  |             |             |                  |                                  | Male  | Female                           |                                |             |                             |                  |
| Ethnicity  | (see notes) |             | Sub-ethnicity    | Italian <input type="checkbox"/> | Polish <input type="checkbox"/>                           | Turkish <input type="checkbox"/> | Other <input type="checkbox"/> |             |                             |                  |
| Religion   |             |             | English Language | (see notes)                      |   |                                  |                                |             |                             |                  |
| Do you consider any of your children in your care have a special need? | <b>Yes</b>  |             | <b>No</b>        |                                  | Are any of the children in your care registered disabled? | <b>Yes</b>                       |                                | <b>No</b>   |                             | <b>NHS NO</b>    |
| If Yes add code (see notes)  |             |             |                  | If yes add code (see notes)      |   |                                  |                                |             |                             |                  |

## 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 Britis</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>   |

