Sure Start
Children's Centres

Chorleywood & Loudwater Children's Centre Registration Form

Please return this form to:
Chorleywood & Loudwater Children's Centre, Lower Road, Chorleywood Herts. WD3 5LB
☎ 01923 484903

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

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.

Photo Permission (Please indicate below as required)
I confirm that **I do /do not** give written permission for Chorleywood & Loudwater 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.

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 ....

For children's centre use. Notes:

	Print name	**Date**	**Signed**
Staff member completing form			
Preferred Children's centre		Registration Status	
Estart ID Number		Data input by	

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						

Do you consider any of the children in your care have a special need? (If so please state the child's name)	Yes	No
Are any of the children in your care registered disabled? (If so please state the child's name)	Yes	No
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)		

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

Title	Name	Middle Name	Surname

Address **Postcode**	

Telephone number **Mobile:**	**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?	No	Yes	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 2

Title	**Name**	**Middle Name**	**Surname**

Address **Postcode**

Telephone number **Mobile**	**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?	No	Yes	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?					

Explanatory Notes/ Abbreviations.

Title of carer
Dr
Miss
Mr
Mrs
Ms
Rev
Other

Relationship to child/children describes the relationship of the carer to the child	
Father	
Mother	
Aunt	
Uncle	
Grandfather	
Grandmother	
Brother	
Sister	
Step-father	
Step-mother	
Childminder – Male	Childminder - Female
Foster-carer – Male	Foster carer - Female

Benefits – describes the type of benefits that a carer or family are claiming
Incapacity Benefit
Income Support
Job Seekers Allowance
Pension credit
Disability Living Allowance
Carers Allowance
Other

Employment - describes the employment or training status of the carer.	
Employed – full time	**EFT**
Employed – part time	**EPT**
Looking after family/home/full time carer	**Home**
Training / education	**TE**
Maternity leave	**ML**
Not disclosed	**ND**
Permanently sick / disabled	**PSD**
Retired	**R**
Unemployed	**UE**
Volunteer	**V**

Religion describes religion of the child as specified by the carer
Agnostic
Christian (any Christian denominations)
Buddhist
Hindu
Jewish
Muslim
None
Sikh
Any other religion

Special Needs describes the Special Need categories for Carers and Children as identified by individuals.	
Autistic Spectrum Disorder	**ASD**
Behaviour, Emotional & Social Difficulties	**BESD**
Hearing Impairment	**HI**
Moderate Learning Difficulty	**MLD**
Multi-Sensory Impairment	**MNSI**
Other Difficulty/Disability	**Other D/D**
Physical Disability	**PD**
Profound & Multiple Learning Difficulty	**PMLD**
Severe Learning Difficulty	**SLD**
Specific Learning Difficulty	**SPEC LD**
Speech, Language and Communication Needs	**S&L**
Visual Impairment	**VI**

Registered Disabled shows the disability descriptions for carers and children as identified by the individual	
Physical	**PI**
Learning	**LDD**
Mental Health	**MH**
Sensory	**SI**

English Language - describes fluency of English for both the Carer and Child.	
First Language	**F1**
Basic	**B**
Conversational	**C**
Fluent – second language	**F2**
Not spoken / Interpreter required	**NS**
Unknown	**U**

Ethnicity - describes the ethnicity of the Carer and the Child	
Asian or Asian British - Any other Asian	**ABO**
- Bangladeshi	**ABB**
- Indian	**ABI**
- Pakistani	**ABP**
Black or Black Britis - African	**BBA**
- Caribbean	**BBC**
- Any other Black	**BBO**
Chinese	**C**
Mixed - Any other Mixed background	**MO**
- White and Asian	**MWA**
- White and Black African	**MWBA**
- White and Black Caribbean	**MWBC**
White - Any other White background	**WO**
- British	**WB**
- Irish	**WI**
- Gypsy/Roma	**WGR**
- Traveller from Irish Heritage	**WT**
Any other Ethnic Group	**OEG**
Does not wish ethnicity to be recorded	**NR**
Information not obtained	**NO**