

HERTFORDSHIRE CHILDREN'S CENTRES

Hertfordshire Pre-school Learning Alliance Children's Centres Registration Form



Please return to: Chorleywood & Loudwater Children's Centre,
Chorleywood Library, Lower Road, Chorleywood, Herts. WD3 5LB.
☎ 01923 287305 or 07772 417785.



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)

Print Name Date

Signed parent/ carer (2)

Print Name Date

Please inform us of any changes to your contact details.

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

	Print Name	Date	Signed
Staff member completing form.			
Data input by			
Preferred Children's Centre		Registration Status	

Parent/ Carer (1) This is the person who will be sent information.
 Please ask the Children Centre staff if you would like any extra help to fill in the form.
 We are happy to help.

Title	Name	Surname
Address		
Postcode		

Your relationship to the child/ children you are telling us about on this form. (e.g. mother, father, grandparent etc)

Your relationship to the child/ children you are telling us about on this form. (e.g. mother, father, grandparent etc)			
Date of birth			Country of Birth
Gender	Male	Female	
Name of GP surgery			Name of Clinic attended
			Name of Health Visitor

Any answers you choose to give to 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 any benefits? If so which benefits?						
Are you working?	Yes	No	If so, how many hours?	Up to 16 hours	16-30 hours	30+ hours

How would you describe your ethnicity?						
--	--	--	--	--	--	--

Religion						
----------	--	--	--	--	--	--

First Language						
----------------	--	--	--	--	--	--

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			Surname		
Address						
Postcode						
Your relationship to child/ children (e.g. mother, father, grandparent etc)						
Date of birth				Country of Birth		
Gender	Male	Female				
Name of GP surgery				Name of Clinic attended		
				Name of Health Visitor		
Any answers you choose to give to 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 benefit/s?						
Are you working?	Yes	No	If so, how many hours?	Up to 16 hours	16-30 hours	30+ hours
How would you describe your ethnicity?						
Religion						
First Language						
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?						

