

# De Havilland Children's Centre Registration Form



## Main Carer

Surname

First Name

Address

Postcode

Telephone

E-mail

Mobile phone

Date of birth

Ethnicity

Language spoken at home

Are you currently single or living with a partner / spouse (please circle)

GP name

Health Visitor name

Are you pregnant? Yes / No if yes please state EDD.

Do you smoke? Yes / Given up less than 6 months ago/ Given up more than 6 months ago / Never smoked

Employment: are you working full time / part time / not working

Are you the mother / father / childminder / other of children listed below (please circle)

If other please state relationship:

Do you consider yourself or any of your children to have a disability or special need? Yes / No. If yes please state who and nature of disability

## Partners details

Surname

First Name

Date of birth

Ethnicity

Do you smoke? Yes / Given up less than 6 months ago/ Given up more than 6 months ago / Never smoked

Employment: are you working full time / part time / not working

Are you the mother / father / childminder / other of children listed below (please circle)

If other please state relationship:

**Child 1** Surname.....First Name.....  
Date of Birth: .....Ethnicity.....  
School / Childcare setting name.....  
Breast fed: no      6weeks      3 months      6 months      1 year (please circle)

**Child 2** Surname.....First Name.....  
Date of Birth..... Ethnicity.....  
School / Childcare setting name.....  
Breast fed: no      6weeks      3 months      6 months      1 year (please circle)

**Child 3** Surname.....First Name.....  
Date of Birth..... Ethnicity.....  
School / Childcare setting name.....  
Breast fed: no      6weeks      3 months      6 months      1 year (please circle)

I wish to register with Herts County Council Children’s Centres. I understand that the information I have given will be stored confidentially and shared with Hertfordshire sure start children’s centres. This information will be stored electronically on a confidential web based system (e start).  
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 services and activities within the area from time to time.

Signed.....Print Name .....  
Date.....

I give consent for my child to appear in photographs for publicity material for the children’s centre

Yes       please sign.....      No