



Windmill Children's Centre

Family Registration Form for Hertfordshire Sure Start Children's Centres

About you

Your name in full _____ Gender M F Date of Birth _____

Marital Status _____ Lone Parent Yes No

Address _____

Post Code _____ Contact telephone number _____

Email _____

Are you expecting a baby Yes No Due date _____

GP Surgery _____ Health visitor _____

Relationship to child/children _____

Current employment status (e.g. Full/Part Time, Unemployed, etc.) _____

Do you have a disability or special need? _____

Religion _____

Do you smoke? _____

Languages spoken at home _____

Do you claim any benefits (Please tick all that apply)

Carers Allowance Tax Credits Incapacity Benefit Pension Credit Income Support

Job Seekers Allowance Disability Living Allowance Other _____

Ethnicity

White: British Gypsy/Roma Irish Traveller from Irish Heritage

Any other White background

Asian/Asian British: Indian Bangladeshi Chinese Pakistani Any other Asian

Black/Black British: African Caribbean Any other Black

Mixed: White and Asian British White and Black African White and Black Caribbean

Any other mixed background

Any other Ethnic Group _____

About your child/children under 5

Full Name of Child 1 _____ Gender M F Date of Birth _____

Country of Birth _____ Ethnicity (Please refer to criteria above) _____

School or childcare setting they attend _____

Full Name of Child 2 _____ Gender M F Date of Birth _____

Country of Birth _____ Ethnicity *(Please refer to criteria above)* _____

School or childcare setting they attend _____

Full Name of Child 3 _____ Gender M F Date of Birth _____

Country of Birth _____ Ethnicity *(Please refer to criteria above)* _____

School or childcare setting they attend _____

Full Name of Child 4 _____ Gender M F Date of Birth _____

Country of Birth _____ Ethnicity *(Please refer to criteria above)* _____

School or childcare setting they attend _____

Do any of these children have a disability/special need

Child's Name _____ Type of disability/special need _____

Child's Name _____ Type of disability/special need _____

About your Partner

Name in full _____ Gender M F Date of Birth _____

Ethnic Background: *(Please refer to criteria overleaf)* _____

Address if different to the child _____

Post Code _____ Contact telephone number _____

Email Address _____ Relationship to child/children _____

Employment status: *(e.g. Full/Part Time, Unemployed, etc.)* _____

Registration information

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 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 services 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.

Parent/Carer's signature _____

Print Name _____

Date _____