

# DRY ARCH SURE START REGISTRATION FORM



## Welcome to Sure Start

Name of Sure Start Project:

### **IMPORTANT INFORMATION FOR NEW REGISTRANTS**

To allow us to register you and your child with this Sure Start Project and to ensure that you receive information and services relevant to you and your child, we will need to collect some information from you. The information we will ask you to provide will be used to enable the delivery of services and this will require information being passed to other service providers who deliver services to you and your child on our behalf. We may also be required to provide our funders with anonymised information about our Sure Start Project from time to time so that they can see how well we are doing and to improve the services you and your child receive. However by law if we have a child protection concern in relation to a child and we need to make a referral to Social Services we will give more specific information in relation to the family. Parents will always be informed in advance unless by doing so the child may be put at greater risk.

The information you provide us with will be held on a secure database and only people that need to view it will be able to access it. At any time you can ask to see the information we hold about you, and if your circumstances change, such as your home address, we would ask that you let us know so that the information we hold is up to date. We will not release the information that you provide us with for any purpose, other than for the purposes already described, without seeking your consent to do so, unless we are obliged to do so by law.

We will communicate with you via post, email, phone, text and social medial to keep you up-to-date with Sure Start services.

This form will be accompanied by our Privacy Notice which provides more detail on the information that we hold and your rights in relation to this information.

Sure Start Contact Details  
**Dry Arch Sure Start**  
**Glenshane Business Park**  
**50 Legavallon Road**  
**Dungiven**  
**BT47 4QL**  
**02877742904**

**Note to Staff: A COPY OF THIS PAGE MUST BE LEFT WITH ALL FAMILIES UPON COMPLETION OF THE REGISTRATION FORM**

## Registration of Children

	Child 1	Child 2	Child 3
<b>First Name</b>			
<b>Name child would like to be known as:</b>			
<b>Surname</b>			
<b>Gender</b> <i>(circle)</i>	Male Female	Male Female	Male Female
<b>Address</b>		Same as Child 1 <input type="checkbox"/>	Same as Child 1 <input type="checkbox"/>
<b>Postcode</b>			
<b>Date of Birth</b>			
<b>If antenatal expected date of delivery</b>			
<b>Part of a multiple birth</b> <i>(please circle)</i>	Yes No	Yes No	Yes No
<b>Is/was the child breastfed?</b> <i>(please circle)</i>	Yes No	Yes No	Yes No
<b>Doctor Name/Practice</b>		Same as Child 1 <input type="checkbox"/>	Same as Child 1 <input type="checkbox"/>
<b>Dentist Name/Practice</b>		Same as Child 1 <input type="checkbox"/>	Same as Child 1 <input type="checkbox"/>
<b>Health Visitor Name and Practice</b>		Same as Child 1 <input type="checkbox"/>	Same as Child 1 <input type="checkbox"/>
<b>Other agencies working with the child?</b> E.g. Social Worker, Occupational Therapist etc.	Yes No Details provided	Yes No Details provided	Yes No Details provided
<b>Religion</b>			
<b>Ethnic Group</b> <i>(E.g. White, Asian)</i>			
<b>Country of Birth</b>			
<b>Language spoken at home by the Child</b>			
<b>Can child understand and speak English</b>	Yes No (If no details)	Yes No (If no details)	Yes No (If no details)
<b>Diagnosed Disability</b> <i>(please circle, if yes, give type of diagnosed disability)</i>	Physical Yes No Sensory Yes No Learning Yes No Other:	Physical Yes No Sensory Yes No Learning Yes No Other:	Physical Yes No Sensory Yes No Learning Yes No Other:
<b>Additional Needs i.e.</b> <i>Dietary Requirements, Medical Conditions, Medication Required, Allergies, and Intolerance to any food or drink.</i>			

## Registration of Parents & Carers

	Parent/Carer 1	Parent/Carer 2 <i>(Details of the second parent/carer can only be taken if they are present to sign form)</i>
<b>First Name</b>		
<b>Surname</b>		
<b>Relationship to Child(ren)</b>		
<b>Gender</b> <i>(please circle)</i>	Male    Female	Male    Female
<b>Address</b>		
<b>Postcode</b>		
<b>Contact Number Day and Evening</b>		
<b>Email address</b>		
<b>Date of Birth</b>		
<b>Doctor Name/Practice</b>		
<b>Dentist Name/Practice</b>		
<b>Health Visitor/Name/Practice</b>		
<b>Do you smoke?</b>	Yes    No	Yes    No
<b>Other agencies working with the parent/ carer?</b> E.g. Social Worker, Occupational Therapist etc.	Yes    No Details provided	Yes    No Details provided
<b>Religion</b>		
<b>Ethnic Group</b> <i>(E.g. White, Asian)</i>		
<b>Country of Birth</b>		
<b>Diagnosed Disability</b> <i>(please circle) (if yes, give type of diagnosed disability)</i>	Yes    No  Physical Sensory Learning Other:	Yes    No  Physical Sensory Learning Other:
<b>Additional Needs</b>		
<b>Employment Status</b>	Please Tick Part-Time <input type="checkbox"/> Full-Time <input type="checkbox"/> Self-Employed <input type="checkbox"/> Unemployed <input type="checkbox"/>	Please Tick Part-Time <input type="checkbox"/> Full-Time <input type="checkbox"/> Self-Employed <input type="checkbox"/> Unemployed <input type="checkbox"/>
<b>Lone Parent</b>	Yes    No	Yes    No
<b>Language spoken by parent at home</b>		
<b>Can Parent/Carer understand English?</b> <i>(please circle)</i>	Yes    No	Yes    No
<b>Interpreter Required</b> <i>(please circle)</i>	Yes    No	Yes    No

	Parent/Carer 1	Parent/Carer 2
<b>If you have selected Traveller for Ethnic Origin Please give accommodation type</b> (for DE Census) (please tick)	Authorised Site <input type="checkbox"/> Unauthorised Site <input type="checkbox"/> Public Road/Lay-by <input type="checkbox"/> Social Housing <input type="checkbox"/> Other/Not Known <input type="checkbox"/>	Authorised Site <input type="checkbox"/> Unauthorised Site <input type="checkbox"/> Public Road/Lay-by <input type="checkbox"/> Social Housing <input type="checkbox"/> Other/Not Known <input type="checkbox"/>
<b>How did you find out about Sure Start?</b> (please tick)	Health Visitor <input type="checkbox"/> Midwife <input type="checkbox"/> Social Services <input type="checkbox"/> Speech & Language <input type="checkbox"/> NIMATS <input type="checkbox"/>  Other .....	Hub Referral <input type="checkbox"/> Self-Referral <input type="checkbox"/> Word of Mouth <input type="checkbox"/> Promotional Materials <input type="checkbox"/>

### Services of Interest

*(Please speak to a staff member and/or read about the services we have available to help you with this section)*

### Signposting

	Child	Adult		Child	Adult
Addiction Services	<input type="checkbox"/>	<input type="checkbox"/>	Ginger Bread	<input type="checkbox"/>	<input type="checkbox"/>
Audiology	<input type="checkbox"/>	<input type="checkbox"/>	GP	<input type="checkbox"/>	<input type="checkbox"/>
Autism Services	<input type="checkbox"/>	<input type="checkbox"/>	Health Visitor	<input type="checkbox"/>	<input type="checkbox"/>
Benefits Advice	<input type="checkbox"/>	<input type="checkbox"/>	Home Safety	<input type="checkbox"/>	<input type="checkbox"/>
Breastfeeding Support	<input type="checkbox"/>	<input type="checkbox"/>	Homestart	<input type="checkbox"/>	<input type="checkbox"/>
Charitable Aid	<input type="checkbox"/>	<input type="checkbox"/>	Housing Executive	<input type="checkbox"/>	<input type="checkbox"/>
Child Development Clinics	<input type="checkbox"/>	<input type="checkbox"/>	Legal Advice	<input type="checkbox"/>	<input type="checkbox"/>
Citizens Advice Bureau	<input type="checkbox"/>	<input type="checkbox"/>	Local Housing	<input type="checkbox"/>	<input type="checkbox"/>
Community Paediatrician	<input type="checkbox"/>	<input type="checkbox"/>	Mental Health (Parent/Child)	<input type="checkbox"/>	<input type="checkbox"/>
Community Services	<input type="checkbox"/>	<input type="checkbox"/>	Midwife/Antenatal (HSCT)	<input type="checkbox"/>	<input type="checkbox"/>
Counselling	<input type="checkbox"/>	<input type="checkbox"/>	NICMA	<input type="checkbox"/>	<input type="checkbox"/>
Dentist	<input type="checkbox"/>	<input type="checkbox"/>	Occupational Therapy (HSCT)	<input type="checkbox"/>	<input type="checkbox"/>
Disability	<input type="checkbox"/>	<input type="checkbox"/>	Physiotherapist	<input type="checkbox"/>	<input type="checkbox"/>
Early Years	<input type="checkbox"/>	<input type="checkbox"/>	Smoking Cessation	<input type="checkbox"/>	<input type="checkbox"/>
Education Services	<input type="checkbox"/>	<input type="checkbox"/>	Social Services	<input type="checkbox"/>	<input type="checkbox"/>
Ethnic Minorities	<input type="checkbox"/>	<input type="checkbox"/>	Speech & Language (HSCT)	<input type="checkbox"/>	<input type="checkbox"/>
Family Support Hubs	<input type="checkbox"/>	<input type="checkbox"/>	Training for Education	<input type="checkbox"/>	<input type="checkbox"/>
Financial Advice	<input type="checkbox"/>	<input type="checkbox"/>	Voluntary Organisation	<input type="checkbox"/>	<input type="checkbox"/>
Fire Service	<input type="checkbox"/>	<input type="checkbox"/>	Woman Aid	<input type="checkbox"/>	<input type="checkbox"/>
Food Banks	<input type="checkbox"/>	<input type="checkbox"/>			

## **COLLECTION INFORMATION**

In the event that the parent/carer is unable to collect their child/ren from the setting only those named below will be permitted to collect the child unless parents have made arrangements with staff prior to collection for example: telephone call to centre.

	<b>CONTACT 1</b>	<b>CONTACT 2</b>
First Name		
Surname		
Address		
Postcode		
Relationship to Child/Parent		
Permission to Collect	Yes                      No	Yes                      No
Contact Number/s		

## **PARENTAL CONSENT**

Consent (please circle as appropriate)	
I do / Do not	Consent for the Dry Arch staff to seek medical attention for my child in the case of an emergency and in the event of being unable to contact me or designated persons.
I do / Do not	Consent to infant suspension being administered (i.e. Calpol, Nurofen) if required and for staff to apply for common skin irritations and protection i.e. Sudocream.
I do / Do not	Consent for staff to apply sun cream as required on any given day while attending the Dry Arch Children's Centre. N.B sun cream should be supplied by parent/carers and clearly labelled. We recommend a high factor UVB and high UVA star rating.
I do / Do not	Consent for the Dry Arch Staff to use nail varnish on my child's fingers as part of dressing up play.
I do / Do not	Consent for my child to have supervised contact with animals within the Dry arch centre as stated within the Dry arch policy 'Animals on the premises'
I do / Do not	Consent for my child being photographed for observations purposes alongside peers and for their photograph to appear in the other children's observations files and displays within the Dry Arch Centre. Also for family pictures that I might provide the Dry Arch to be displayed within the childcare room that my child attends.
I do / Do not	Consent for my child to travel on the Dry Arch Centre bus for programme pick up's/drop off /outings etc. For children under 4 years, parents are required to provide a car seat.

I do / Do not	Consent for images of my child to be used in publicity material, including DVD's, local press, printed publications, website social networking sites such as Dry Arch Facebook/Twitter.
I do / Do not	Consent for my child to take part in walks/outings e.g. to the shop, park etc, arranged by the Dry Arch. And for my child to take part in spontaneous activities or trips which have been arranged by Sure start.
I do / Do not	Consent for the Dry Arch Staff to change/toilet my child while attending the Dry Arch Children's Centre's.
I do / Do not	Consent for Dry Arch staff to change my child's clothes in the event that they become wet/soiled through play and general mishaps.
I do / Do not	For information to be shared with Social Services in accordance with their guidance and regulations on standards of care for children under 12 years of age.
I have / Have not	Read, understood and agree to comply with the 'New Sure Start Parent Pack' which includes Key Policies of the Dry Arch Children's Centre's
I do / Do not	Consent for information given on this registration form to be shared with sure start under the umbrella of the Dry Arch Children's Centre.

## **PARENTAL CONSENT**

<b>The Speech and Language Therapist may at any time visit Sure Start / Services.</b>	
I do/Do not	Consent for the therapist to visit my child's Day Care setting, and to carry out assessments and offer advice to staff.
I do/Do not	Consent for any relevant information about my child to be shared between the speech and language therapist and health, education, and social services professionals as appropriate. This will include sending copies of written reports.
I do/Do not	Consent for student speech and language therapists to observe or participate in speech and language therapy with my child. This will always be under the supervision of the speech and language therapist.

**Note:** From time to time Sure Start may wish to use photographs or video taken of you and/or your child for press release, social media or promotional purposes. If you do not wish to have photographs/videos taken it is the parents/carers responsibility to let the photographer/service know this when attending.

I have read the Information section on the front page which sets out the uses to which my and my children's information is put, and give my permission for this to be held by Sure Start securely and in line with the provisions of the Data Protection Act 2018 for the purposes as described. I also undertake to ensure that if any of the information provided on this registration form changes, that I will notify local Sure Start staff to allow them to update my information accordingly.

Parent/Carer 1 ..... Date .....

Parent/Carer 2 ..... Date .....

Staff Member/Referrer ..... Date .....

**SURE START OFFICE USE ONLY (Optional)**

Membership Number:	Name	ID Number
<b>Family Number:</b>		
<b>Name of Key Worker for Family:</b>		
<b>Details Entered into Database:</b>	<b>Staff Member</b>  <b>Date</b>	
<b>Comments:</b>		