

Sefton Children's Centres

Membership Form

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Section A - Parent/ CarerDetails

	Adult 1	Adult 2
	Mr/Mrs/Miss/Ms/Other	Mr/Mrs/Miss/Ms/Other
Surname (legal)		
First name (legal)		
Known as		
Date of birth	__/__/__	__/__/__
Gender	Male Female	Male Female
Address		
Postcode		
Telephone number		
Mobile number		
Email address		
Relationship to child 1	Mother Father Grandparent Other:	Mother Father Grandparent Other:
Relationship to child 2	Mother Father Grandparent Other:	Mother Father Grandparent Other:
Relationship to child 3	Mother Father Grandparent Other:	Mother Father Grandparent Other:
Relationship to child 4	Mother Father Grandparent Other:	Mother Father Grandparent Other:
Are you pregnant? What is your due date?	Yes No __/__/__	Yes No __/__/__
Ethnic background (see box at bottom of page 2)		
Please list any diagnosed additional needs/disabilities.		
First language		
Are you a lone parent?	Yes No	Yes No
Employment status	Employed more than 16hrs (full time)	Employed more than 16hrs (full time)
	Employed less than 16hrs (part time)	Employed less than 16hrs (part time)
	Unemployed	Unemployed
	Seeking employment	Seeking employment
	Homemaker	Homemaker
	Training/education	Training/education
	Retired	Retired
Do you live in a workless household?	Yes No	Yes No
Do you receive the childcare element of working tax credit?	Yes No	Yes No
Do you smoke?	Yes No	Yes No
Are you registered with a medical practice?	Yes No	Yes No
Medical centre doctor's name and address		
Are you registered with a dentist?	Yes No	Yes No

Section B - Child/Children's Details

	Child 1	Child 2
Surname (legal)		
First name (legal)		
Known as		
Date of birth	__/__/__	__/__/__
Gender	Boy Girl	Boy Girl
Ethnic background		
First language		
Please list any diagnosed additional needs/disabilities.		
Did you breastfeed at birth	Yes No	Yes No
Did you breastfeed at 3 months	Yes No	Yes No
Did you breastfeed at 6 months	Yes No	Yes No
NHS Number		
	Child 3	Child 4
Surname (legal)		
First name (legal)		
Known as		
Date of birth	__/__/__	__/__/__
Gender	Boy Girl	Boy Girl
Ethnic background		
First language		
Please list any diagnosed additional needs/disabilities.		
Did you breastfeed at birth	Yes No	Yes No
Did you breastfeed at 3 months	Yes No	Yes No
Did you breastfeed at 6 months	Yes No	Yes No
NHS Number		

Section C - Privacy Notice

It is a requirement that Sefton Children's Centres comply with Data Protection Laws, the most recent being the General Data Protection Regulation (GDPR) 2018.

We would like to point out that we will only use your personal information in relation to Children's Centre activities and to promote services that are relevant to you. We may contact you via Facebook, Text Message, Telephone, Letter or e-mail. If appropriate, we may share your information with relevant Agencies and Partners but we would always discuss this with you first unless it is a safeguarding concern.

We will protect and store this information securely on our Children's Centre Management System. Only authorized personnel will have access to this system.

By ticking this box you are consenting to us collecting, processing and storing your data.

I/We hold Parental Responsibility for the child/children named on this form.

Adult Signature _____

Date _____

Adult Signature _____

Date _____

At any point you can contact The School Readiness Service (SchoolReadinessTeam@sefton.gov.uk) requesting to cancel your membership and/or asking us not to contact you.

For our full Privacy Policy please see <https://www.sefton.gov.uk/your-council/open-data,-transparency-and-foi/data-protection,-freedom-of-information-and-re-use-of-council-data/data-protection.aspx>

For further details please contact us on

0845 140 0845

or email:

fis@sefton.gov.uk