



# Sefton Children's Centre's Membership Form

[www.sefton.gov.uk](http://www.sefton.gov.uk)

Sefton Council 



## Section A- Parent/ care details

	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- Children under 5

	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.				
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.				
NHS Number				

## Section C- Data Consent

<b>I/We agree to:</b>	photographs	videos		
<b>Being used in:</b>	children's centres posters	centre website council publications	Sefton website	local press
<b>Please contact me by:</b>	telephone	email	letter	text
<b>How did you hear about the children's centre:</b>	Bus Advert Health Visitor Newsletter	Poster School Word of Mouth	College Midwife	Press Advert Website

### Personal data consent- How we use and store data:

I understand that the information supplied will be kept on a secure database and will be accessed by authorised personal. It will be held in accordance with the Data Protection Act 1998. Data may be shared with other agencies delivering activities. The other adult listed on the form is aware their details have been recorded on this form and have also given their consent to have their details recorded.

**Adult 1 signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Adult 2 signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

01	White British	07	Other mixed background	14	Other Black Background
02	White Irish	08	Indian	15	Chinese
03	Any other White background	09	Pakistani	16	Irish Heritage Traveller
04	Mixed White/Black Caribbean	10	Bangladeshi	17	Roma/Gypsy
05	Mixed White/Black African	11	Other Asian background	18	Any other Ethnic background
06	Mixed White/ Asian	12	Black Caribbean/Caribbean Black British	19	Prefer not to say
07	Other mixed background	13	Black African/ Black British		

For further details please contact us on

**0845 140 0845**

or email:

**[fis@sefton.gov.uk](mailto:fis@sefton.gov.uk)**