



Liverpool SureStart Childrens Centre

Family Registration and Membership Form



To help us meet your needs, we need the signature of both carers, where appropriate.

Preferred Children's Centre

	Parent/Main carer	Parent/Second carer
First Name	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>	<input type="text"/>
Date of birth	<input type="text"/>	<input type="text"/>
Address	<input type="text"/>	<input type="text"/>
Post code	<input type="text"/>	<input type="text"/>
Home telephone	<input type="text"/>	<input type="text"/>
Mobile	<input type="text"/>	<input type="text"/>
Email	<input type="text"/>	<input type="text"/>
Relationship to the Child (eg. Mother, Father etc)	<input type="text"/>	<input type="text"/>
Due date if pregnant	<input type="text"/>	<input type="text"/>
Ethnicity (see codes below)	<input type="text"/>	<input type="text"/>

	Child 1	Child 2	Child 3	Child 4
First name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Ethnicity (see codes below)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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|---|--------------------------------|----------------------------|---|---------------------------------|
| WHITE | MIXED | ASIAN/ASIAN BRITISH | OTHER ETHNIC GROUP | BLACK/BLACK BRITISH |
| A British | G White/Black Caribbean | L Indian | P Yemeni | S Caribbean |
| B Irish | H White/Black African | M Pakistani | Q Latin/South/
Central American | T Ghanaian |
| C White Europea | I White Asian | N Bangladeshi | R Other Ethnic Group | U Nigerian |
| D Traveller of
Irish Heritage | J Other Mixed | O Other Asian | | V Somali |
| E Gypsy Roma | CHINESE | | | W Other Black African |
| F White Other | K Chinese | | | X Other Black Background |
| | | | | Y Prefer Not to Say |

Equal Opportunities, Disabilities or Special Needs.

We aim to make our Children's Centres welcoming and relevant to everyone, and to do this, we ask questions about issues such as your racial background. We also ask questions about any disabilities or special needs that affect your family. We use this information to make sure we are offering the right services to the right people, and to plan for future services. We also use it to look at what types of people are using our Children's Centres, and to compile statistical reports.

Do you, or any of the children you care for, have a disability or special needs? Please give us the details.

	Parent	Parent	Child 1	Child 2	Child 3	Child 4
Name						
Disability						

Additional Services

We can offer you a range of extra help and support. If you are interested in any of these services, please tick the relevant boxes. To help, we will need to share your information with our partners, such as the NHS, JobCentre Plus, Liverpool City Council, Connexions, Fagends and Merseyside Fire & Rescue Services.

Do you need help to find an NHS dentist	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you smoke or do you live in the same house as anyone who smokes?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Would you like a free Home Safety Check by Merseyside Fire and Rescue Service?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are you a lone parent?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are you in employment/training?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Would you like help returning to work?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Data Protection Act

All personal identifiable information provided will be processed in accordance with the requirements of the Data Protection Act 1998. Information will not be shared with any organisation or for any other purpose without your express permission other than where we have a legal obligation to do so.

Please tell us what you and your family would like from this Children's Centre

Please tell us how you heard about us

We may wish to contact you to find out what you think about our service, or to discuss our future services. If you are happy to be contacted, please tick here: Yes No

Signed	Main Carer	<input type="text"/>	Second Carer	<input type="text"/>
Name	Main Carer	<input type="text"/>	Second Carer	<input type="text"/>
Date	Main Carer	<input type="text"/>	Second Carer	<input type="text"/>

Please complete the section below if you have completed this form with a parent/carer'

Name	<input type="text"/>	Contact No.	<input type="text"/>
Job Title	<input type="text"/>		

Office Use Only	Date Received	<input type="text"/> / <input type="text"/> / <input type="text"/>	Date Processed	<input type="text"/> / <input type="text"/> / <input type="text"/>
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Centre Registration Number