

Who should we contact in case of an emergency?

Full Name:	Contact telephone – Mobile or landline	Relationship to you eg Mum, Partner
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Keeping in touch

We would like to tell you about things that are happening at the Children's Centre, if you **don't want** us to do this, please tick here

We like to send information to you through the post, but we would also like to contact you by email or text message or picture message on your mobile. If we can send information to you this way, tick here

We do not share or sell your information to third parties for marketing purposes.



How we use the information on this form

The information provided on this form will be processed by Staffordshire County Council in accordance with the Data Protection Act 1998. The data you provide will be used by Children's Centres in Staffordshire to provide and administer activities, to offer support to families where it is required and for evaluation purposes. We may provide access to the data we hold about you to other professionals working on behalf of Staffordshire County Council to provide a Children's Centre service to you. It may also be shared with other agencies in Government or providing services to children where there is a legal basis to do so. For further information please visit www.staffordshire.gov.uk/education/yourdata.

If you don't understand the statement above, or you would like more information, please ask us or email earlyyears.datateam@staffordshire.gov.uk

If the second contact hasn't signed this form, please take a copy of our invitation to let them know you have given us their details.

Confirmation from you

We'd like to ask you to sign this form so that you can say that you are happy with your options in 'Keeping in touch' and that you understand how we will use the information you have provided.

▲ **Main Contact** signature: _____ Date: _____

■ **Second Contact** signature: _____ Date: _____

If you would like this document in another language or format, e.g. large text, please contact us on 0300 111 8007



If you have
a child under 5
years old, pick
me up!




Your invitation to join your local...

Sure Start
Children's Centre
Staffordshire

Just ask, if you need help filling in this form

Which Children's Centre are you at:

 **Main Contact** This is where your child/children lives most often

Title: Miss Mrs Ms Mr Other

First name: Surname

Date of birth: / / Gender:  Female  Male

Telephone number: Mobile number: Email:

Address
Post code

 By answering the following questions, you'll help make sure we're offering activities that are right for you.

What is your ethnicity?* (Please see the table)


Do you consider yourself to be a single parent? No Yes

Are you expecting a baby? No Yes, when are you due? / /

Are you: Employed Full Time Employed Part Time Full Time parent or carer

In training or education Unemployed (less than 6 months) Unemployed (more than 6 months)

Do you have a disability or special need? No Yes, please provide details:

 **Second Contact** This could be dad, mum, grandparent etc

Title: Miss Mrs Ms Mr Other

First name: Surname

Date of birth: / / Gender:  Female  Male

What is your relationship to the  main contact? eg Partner/Husband/Wife

Telephone number: Mobile number: Email:

Address
Post code

 By answering the following questions, you'll help make sure we're offering activities that are right for you.

What is your ethnicity?* (Please see the table)

Do you consider yourself to be a single parent? No Yes

Are you expecting a baby? No Yes, when are you due? / /

Are you: Employed Full Time Employed Part Time Full Time parent or carer

In training or education Unemployed (less than 6 months) Unemployed (more than 6 months)

Do you have a disability or special need? No Yes, please provide details:

Do you have a Health Visitor, if so, what is their name:

About your children

First name: Surname

Gender: Female Male Date of birth: / / Ethnicity*

 Main contact is the eg Mum/Dad  Second contact is the eg Mum/Dad

First name: Surname

Gender: Female Male Date of birth: / / Ethnicity*

 Main contact is the eg Mum/Dad  Second contact is the eg Mum/Dad

First name: Surname

Gender: Female Male Date of birth: / / Ethnicity*

 Main contact is the eg Mum/Dad  Second contact is the eg Mum/Dad

First name: Surname

Gender: Female Male Date of birth: / / Ethnicity*

 Main contact is the eg Mum/Dad  Second contact is the eg Mum/Dad

If any of your children normally live at a different address, please provide the address below:

Do any of your children have a special need, disability or special requirement? If yes, please provide details.

*Ethnicity – you don't need to tell us if you don't want. Write the relevant code (eg E1) from the table below in the appropriate space.

White	Mixed	Asian / Asian British	Black / Black British	Other
A1 White British	B1 White & Black Caribbean	C1 Asian - Indian	D1 Black - Caribbean	E1 Chinese
A2 White Irish	B2 White & Black African	C2 Asian - Pakistani	D2 African	E2 Other ethnic background
A3 Traveller of Irish heritage	B3 White & Asian	C3 Asian - Bangladeshi	D3 Other Black background	R Prefer not to say
A4 White Gypsy/Roma	B4 Other mixed background	C4 Other Asian background		
A5 Other white background				