

# Membership Update Form



## Family Details

Family Address		Postcode	Postcode
GP Surgery		Lone Parent Family?	

## Parent/Carer Details

	Main Carer/Parent	Parent/Carer 2
First Name		
Surname		
Date of Birth:		
Ethnicity (please select code below)		
Mobile:		
E-mail address:		
Relationship to child (mother/father/carers/other - please specify)		
Employment status (employed/unemployed)		
Disability (if yes please specify)		
If pregnant, when is baby due?		

## Child Details

Child	First Name	Surname	Gender M/F	Date of Birth	Ethnicity code	Disability If yes please specify
1						
2						
3						
4						
5						

I would like to receive information about Children's Centre services and future events    Yes      No  

Parent/Carer signature: \_\_\_\_\_

Print Name: \_\_\_\_\_      Date: \_\_\_\_\_

Code	Description	Code	Description
WBRI	White - British	AIND	Asian/Asian British - Indian
WIRI	White - Irish	APKN	Asian/Asian British - Pakistani
WIRT	White - Irish Traveller	ABAN	Asian/Asian British - Bangladeshi
WITA	White - Italian	AAFR	African Asian
WPOR	White - Portuguese	AOTA	Other Asian
WROM	Gypsy/Roma	BCRB	Black/Black British - Caribbean
WEUR	White European	BAFR	Black/Black British - African
WOTW	White Other	BOTH	Black/Black British - Any Other Black Background
MWBC	Mixed - White and Black Caribbean	CHNE	Chinese
MWBA	Mixed - White and Black African	OOth	Any Other Ethnic Group
MWAS	Mixed - White and Asian	REFU	Parent Preferred Not to Say
MOTH	Mixed - Any Other Mixed Background	NOBT	Information Not Obtained