



Children's Centre Update form

If you are already a member and wish to amend your details or inform us of new additions to your family, please use this form.

This form can also be used if there was not enough space on the membership form

Fill this form in with the details of:

- a) **your current membership (page 2)**. You must fill out this red section, so that we can find your record and associated records on the database. Please then provide us with any changes or any additions to your family.

You will also need to provide data consent (**page 3**).



Update Form – Change of details

If you **have not** previously been a member of a Children's Centre, you should complete the 'Membership Form'.
Please ask your local centre for a form.

Please enter the details of an adult currently a member of a Children's Centre to help us find your records

Current membership details		Any changes to your details	
Connect + ID (If known)	<input type="text"/>	<input type="text"/>	
First Name (legal)	<input type="text"/>	<input type="text"/>	
Middle Name	<input type="text"/>	<input type="text"/>	
Family Name (legal)	<input type="text"/>	<input type="text"/>	
Preferred First Name	<input type="text"/>	<input type="text"/>	
Preferred Family Name	<input type="text"/>	<input type="text"/>	
Date of Birth	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	<input type="text"/>	
Gender	<input checked="" type="checkbox"/> Male <input checked="" type="checkbox"/> Female	<input checked="" type="checkbox"/> Male <input checked="" type="checkbox"/> Female	
Address	<input type="text"/>	<input type="text"/>	
Postcode	<input type="text"/>	<input type="text"/>	
Telephone	<input type="text"/>	<input type="text"/>	
Mobile	<input type="text"/>	<input type="text"/>	
Are you pregnant?	<input type="text"/>	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Estimated Date of delivery	<input type="text"/>	<input type="text"/>	
Email address	<input type="text"/>	<input type="text"/>	
Any disability or special needs	<input type="text"/>	<input type="text"/>	

Changes within your family

(e.g. (John Smith and Philippa Smith are now at the new address) (I now have a new partner, *see additional adult section*)
(My child, Casey Smith has been diagnosed with Autism)

Additional people

If you have new members of your family please fill in the details below, or if when registering there was not enough space to include all your children on the form please add them below.

	Additional child 1	Additional adult 1
First Name (legal)	<input type="text"/>	<input type="text"/>
Family Name (legal)	<input type="text"/>	<input type="text"/>
Preferred First Name	<input type="text"/>	<input type="text"/>
Preferred Family Name	<input type="text"/>	<input type="text"/>
Date of Birth	<input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y	<input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
Gender	<input checked="" type="checkbox"/> Male <input checked="" type="checkbox"/> Female	<input checked="" type="checkbox"/> Male <input checked="" type="checkbox"/> Female
Ethnicity code	<input type="text"/> A <input type="text"/> A <input type="text"/> A <input type="text"/> A	<input type="text"/> A <input type="text"/> A <input type="text"/> A <input type="text"/> A
First Language	<input type="text"/>	<input type="text"/>
Any disability or special needs	<input type="text"/> 01 <input type="text"/>	<input type="text"/> 01 <input type="text"/>
Address	<input type="text"/>	<input type="text"/>
Postcode	<input type="text"/>	<input type="text"/>
Please list relationships with other members of the family on this form and/or already known to the Children's Centre.	<input type="text"/>	<input type="text"/>

Personal data consent

For more information please read "Membership at your local Children's Centre" leaflet.

- I understand that all information regarding me and my family is kept confidential and will not be passed to organisations outside of Children's Centre partners without my consent, unless it is a safeguarding concern, in which case information will be shared with appropriate agencies.
- I understand that the information I have provided will be kept on file and the Children's Centre system Synergy EIS to ensure I receive relevant programme information, and for Central Bedfordshire Council's Children's Centre monitoring and evaluation purposes.
- I understand that this Children's Centre may contact me and will send me information on services and events.
- I understand that my records may be accessed by another Children's Centre if I move within Central Bedfordshire and want to continue to access services.

- I declare that all information I have provided to the Children's Centre is true to my knowledge.
- I will make the other adult listed on the form aware their details will be stored electronically.
- I have read the information above.

Signed

Date

DD / MM / YYYY

Continued – Additional people

	Additional child 2	Additional adult 2
First Name (legal)	<input type="text"/>	<input type="text"/>
Family Name (legal)	<input type="text"/>	<input type="text"/>
Preferred First Name	<input type="text"/>	<input type="text"/>
Preferred Family Name	<input type="text"/>	<input type="text"/>
Date of Birth	<input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y	<input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
Gender	<input checked="" type="checkbox"/> Male <input checked="" type="checkbox"/> Female	<input checked="" type="checkbox"/> Male <input checked="" type="checkbox"/> Female
Ethnicity code	<input type="text"/> A <input type="text"/> A <input type="text"/> A <input type="text"/> A	<input type="text"/> A <input type="text"/> A <input type="text"/> A <input type="text"/> A
First Language	<input type="text"/>	<input type="text"/>
Any disability or special needs	<input type="text"/> 01 <input type="text"/>	<input type="text"/> 01 <input type="text"/>
Address	<input type="text"/>	<input type="text"/>
Postcode	<input type="text"/>	<input type="text"/>
Please list relationships with other members of the family on this form and/or already known to the Children's Centre.	<input type="text"/>	<input type="text"/>

Ethnicity codes

White	WBRI	British	Asian or Asian British	AIND	Indian
	WIRI	Irish		APKN	Pakistani
	WIRT	Traveller of Irish Heritage		ABAN	Bangladeshi
	WRO	Gypsy/Roma		AOTH	Any other Asian background
	WITA	Italian		MWBC	White and Black Caribbean
	WOTH	White other		MWBA	White and Black African
Black or Black British	BCRB	Caribbean	Mixed	MWAS	White and Asian
	BAFR	African		WOTH	Any other Mixed background
	BOTH	Any other black background		CHNE	Chinese
				REFU	Prefer not to say
				OOTH	Any other background
				NOBT	Not obtained

Disability/Special needs references

0	None	4	Diabetes	8	Hearing Impairment	12	Physical Health
1	Asthma	5	Dyslexia	9	Learning Difficulty	13	Speech or Language Impairment
2	Autistic Spectrum Disorder	6	Emotional or Social	10	Mental Health	14	Visual Impairment
3	Behavioural	7	Epilepsy	11	Mobility Impairment	15	Other difficulty/disability

Please hand this form in at your local Children's Centre
Your local children's Centre may call you in the next few weeks

