

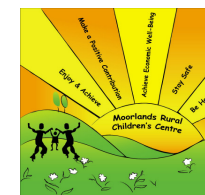


Staffordshire Children's Trust
Working together to improve the lives of children and young people



MOORLANDS RURAL CHILDRENS CENTRE

Family Membership Form



A Sure Start Children's Centre

"Leading the way to brighter futures through happiness, health and learning."

Parents or full time carers (Please state relationship to child)	Female/ Male	Are you employed Yes/No	Special Needs/ Disability? Yes/No	Please State	First Language	English spoken Y/N
Name of Parent/carer						
Address Postcode Telephone number Mobile E-mail		Who has parental responsibility? Emergency phone number			Health visitor: Doctor:	
I am a lone parent Yes <input type="checkbox"/> No <input type="checkbox"/>		I am a parent 19 or under: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes date of birth:/...../.....				
Mother <input type="checkbox"/> Father <input type="checkbox"/>		I am expecting a baby: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes expected date:/...../.....				
Name(s) child(ren)	Date of birth	Female	Male	Special Needs/Disability (Please state)		
1.						
First Language					English spoken Y/N	
2.						
First Language					English spoken Y/N	
3.						
First Language					English spoken Y/N	
4.						
First Language					English spoken Y/N	
5.						
First Language					English spoken Y/N	
Any Further information you wish to give or receive from Moorlands Rural Children's Centre:-						