

To make sure we are reaching everyone, please answer the following where you feel comfortable doing so

Ethnicity: Are you... Parent (1a) Parent (1b) Child

**White?**

British     
 Irish     
 Traveller of Irish heritage     
 Gypsy/Roma     
 White other

**Mixed?**

White and Black Caribbean     
 White and Black African     
 White and Asian     
 Any other mixed

**Asian?**

Indian     
 Pakistani     
 Bangladeshi     
 Any other Asian

**Black or Black British?**

Caribbean     
 African     
 Any other black

**Chinese**

Chinese

**Any Other**

Other ethnic group (please describe)

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**Declaration and signature:**

- I agree to information about myself and my dependents, as outlined above, being kept on the Children's Centre database and as a written record.
- I understand it will be updated on the database if my circumstances change.
- I understand that this information will be used for monitoring and evaluation purposes and for the effective provision of a range of Children's Centre services to our family.
- I give permission for the Children's Centre to share this information with Bexley Children and Young People's Service partners for the purpose of delivering its services only.
- I understand that the staff will sometimes take photographs of the children at the many events and activities that go on at the Children's Centres. Some of these photographs will be used in newsletters, advertising and records of activities.
- I agree for photographs of my children to be used in this way. (If you do not agree, please speak to the Children's Centre Manager)

Signed  (Parent/Carer)

Print name  Date

**Sorry – unsigned forms cannot be accepted**



# Bexley Children's Centres Registration Form

Parent/carer: please complete in BLOCK CAPITALS and remember to sign the form

***This form must be completed before your child takes part in any Children's Centre Activity***  
 (\* = required information)

Centre:  Danson - South Locality (DCC)

Key Worker:  DCC

Registered by:  PN

Activity Contact:  ONLINE Registration

**Parent/Carer 1**

\*Forenames  \*Surname

Known As  \*Mr/Ms/Mrs/Miss

\*Date of birth:  \*Relationship to Child

Pregnant (due date)

Employed full time/part time/unemployed/student/homemaker

\*Address:  \*Post Code:

\*Phone:  Email:



## Parent/Carer 2

\*Forenames  \*Surname

Known As  \*Mr/Ms/Mrs/Miss

\*Date of birth:  \*Relationship to Child

Pregnant (due date)

Employed full time/part time/unemployed/student/homemaker

\*Address:  \*Post Code:   
if different from above

\*Phone:  Email:

## Child 1

\*Forenames  \*Surname

Known As

\*Date of birth:

Address if different from above:

Additional needs or disability:

## Child 2

\*Forenames  \*Surname

Known As

\*Date of birth:

Address if different from above:

Additional needs or disability:

## Child 3

\*Forenames  \*Surname

Known As

\*Date of birth:

Address if different from above:

Additional needs or disability: