

Southside Kids Childcare Centre Enrolment Form 2022

Please complete the confirmation form and return to SSK if you wish your child to attend the centre.

This can be done in person, via email: juliebarton@xtra.co.nz, mail: 83 Fraser Avenue Johnsonville Wellington 6037 or photo sent to: 0275706124.

Confirmation Form

Parents'/Guardians' names:	
Childs Name:	
Date of Birth:	
Address:	
Email Address:	
Phone Number:	
Confirmed Date Starting:	
Full Time or Days attending:	
Weekly Cost:	
Booking Fee:	

Parent/Guardian Signature/s: _____

Date: _____

This confirmation form and booking fee is returned to the centre via email, post, centre or text within 14 days of space for your child being offered to you. Postal Address: 83 Fraser Avenue, Johnsonville, Wellington, 6037.

The booking fee is your first week payment in advance and is non-refundable if you should later choose not to attend.

The automatic payment is started on the week the child first attends the centre. Fees paid weekly or fortnightly. Account details: Southside Kids Childcare Centre 03 - 0518 - 0160973 - 00.

Julie Barton
Manager

Southside Kids Childcare Centre - Hospital end of Coromandel St, Newtown, Wellington 6021
T: 04 385 5911 E: juliebarton@xtra.co.nz

Enrolment Form

Child's Information

Child's official family surname:	
Child's official given name:	
Child's official other names/middle names: (please separate names with a comma)	
Child's preferred name:	
Child's surname/family name:	
Child's given name:	
Child's date of birth:	
Sex	
Child's ethnicity:	
Child's Iwi:	
Language spoken at home:	
Child's home address/addresses	

Copy of official identity documents collected

Teacher to copy and attach to this form

NZ birth certificate:	YES / NO
Foreign birth certificate:	YES / NO
NZ passport:	YES / NO
Foreign passport:	YES / NO
Other:	YES / NO

Teachers signature: _____

Date: _____

Privacy Statement

We are collecting information on this enrolment form for the purposes of providing early childhood education for your child.

We will use and disclose your child's information only in accordance with the Privacy Act 1993. Under that Act you have the right to access and request correction of any personal information we hold about you or your child. We will also share your information with Government officials having right of entry to Southside Kids Childcare Centre under section 319B of the education act 1989.

Details about your child's identity will be shared with the Ministry of Education so that it can allocate a national student number for your child. This unique identifier will be used for research, statistics, funding, and the measurement of educational outcomes.

You can find out more about national student numbers at: <http://www.minedu.govt.nz/parents>

Parent/Guardian's Information

Parent/Guardian's name:	
Home address:	
Mobile:	
Home phone:	
Email:	
Occupation:	
Place of work:	
Work phone:	
Relationship to child:	

Parent/Guardian's Information

Parent/Guardian's name:	
Home address:	
Mobile:	
Home phone:	
Email:	
Occupation:	
Place of work:	
Work phone:	
Relationship to child:	

Child pick up authorisation

Who is authorised to collect your child?	
Who is authorised to collect your child in the event your child is unwell and we are unable to contact you?	

Alternative Contacts

Alternative Contacts (Who can also pick up your child)	
First alternative contact:	
Relationship to child:	
Phone Numbers:	
Address:	
Second alternative contact:	
Relationship to child:	
Phone Numbers:	
Address:	

Custodial Statement

Who has legal custody of your child?	
Are there any custodial arrangements concerning your child?	
If yes please give details of custodial arrangements or court orders (a copy of any court order is required)	
Persons who cannot pick up your child?	
Persons who cannot have access to your child?	

Medical Details

Family doctor:	
Doctors phone number:	
Medical Centre	
Illness/Allergies	
Medication:	
Immunisation up to date? Please provide verification of all immunisations	YES / NO

The centre is required to view Immunisation certificate upon enrolment and to be informed and view certificates as updated.

Teacher - Immunisation records sighted and recorded? YES / NO

Teacher's signature: _____

Date: _____

Attendance

	Tick	Arrival time	Departure time
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

Enrolment date: _____

Starting date: _____

Exit Date: _____

Fee Structure

No of days booked at centre	Fees for under 3 year olds and for 3+4 year old children without 20 Hours ECE Funding	3+4 Year old fees with 20 Hours ECE funding. Payment required to cover hours not covered by 20 Hours ECE Funding
1 day	\$69	\$42
2 days	\$138	\$86
3 days	\$207	\$127
4 days	\$278	\$184
5 days	\$290	\$200

If you split your free ECE hours between ECE providers we will need to work out your fees on an individual basis.

Fees

Weekly fee: _____

Parent/Guardian's signature: _____

Date: _____

Fee Payment

Fees are paid via by automatic payments.

Account details: Southside Kids Childcare Centre, Bank Account: 03 - 0518 - 0160973 - 00

Please include your surname and child's first name as the reference and code so payment is attributed to the correct person.

Southside Kids Childcare Centre - Hospital end of Coromandel St, Newtown, Wellington 6021

T: 04 385 5911 E: juliebarton@xtra.co.nz

Dual Enrolment declaration

I hereby declare that my child is/is not enrolled at another early childhood institution at the same times that he/she is enrolled at Southside Kids Childcare Centre.

Parent/Guardian's signature: _____

Date: _____

20 Hours ECE Attestation

Is your child receiving 20 hours ECE for up to six hours per day, 20 hours per week at this service?	YES / NO
Is your child receiving 20 hours ECE at any other service?	YES / NO
If yes to either or both of the above, please sign to confirm that:	
<ul style="list-style-type: none">Your child does not receive more than 20 hours of 20 hours ECE per week across all services.	
<ul style="list-style-type: none">You authorise the Ministry of Education to make enquiries regarding the information provided in the Enrolment Agreement Form, if deemed necessary and to the extent necessary to make decisions about your child's eligibility for 20 hours ECE.	
<ul style="list-style-type: none">You consent to the early childhood service providing relevant information to the Ministry of Education and to the other early childhood education services your child is enrolled at, about the information contained in this box.	

Parent/Guardian's signature: _____

Date: _____

FREE ECE ATTESTATION FORM



THIS FORM MUST BE COMPLETED FOR EVERY CHILD ENROLLED TO RECEIVE FREE ECE AT THIS SERVICE

Please read the information below before you answer any questions and sign this form.

Free ECE is available to three and four year old children who are enrolled and attending a licensed teacher-led* early childhood education service. The maximum Free ECE that can be claimed for each child is 6 hours per day, 20 hours per week across all services that the child is enrolled in. Services may not charge fees during hours of Free ECE, although some services may request optional charges or donations. Your service can provide more information regarding fees, optional charges and donations.

*Teacher-led early childhood education describes services required to have a person responsible (or home-based care coordinator) who is a registered, ECE qualified teacher. Teacher-led services are required to meet teacher registration targets set by the Ministry of Education. Teacher-led services include kindergartens, education and care services and home-based care networks.

In order for your child to receive up to 20 hours of Free early childhood education, this Attestation Form must be filled out by all persons enrolling children.

Please confirm that you understand the following: (please tick boxes)

- You must complete a separate form for each child.
- Failure to complete this form will mean that this child is not eligible for funding for Free ECE.
- The purpose of completing this form is to confirm this child's eligibility to receive Free ECE.
- If you make a false statement, or provide any false or misleading information, you may be committing an offence and be liable to prosecution.
- You authorise the Ministry of Education to make any enquiries it deems necessary regarding the information provided on this form to the extent necessary to make decisions about your child's eligibility for Free ECE. You also consent to the early childhood service providing relevant information to the Ministry of Education, and to other ECE services your child is enrolled at, about the information contained in this form.

Please provide the following information:

1. Name of child: _____ Date of birth: _____

2. Is the child receiving Free ECE at any other service(s)? _____ Yes / No _____

3. Please confirm the daily and total time (hours and minutes) of Free ECE claimed at all services the child is enrolled at on the chart below and initial to confirm.

Effective DATE	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY	TOTAL	INITIALS
Free at this service									
Free at another service									
Total									

Note: maximum of 6 hours per day and 20 hours per week per child.

Revised Allocation of Free ECE Hours:

EFFECTIVE DATE	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY	TOTAL	INITIALS
Free at this service									
Free at another service									
Total									

EFFECTIVE DATE	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY	TOTAL	INITIALS
Free at this service									
Free at another service									
Total									

EFFECTIVE DATE	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY	TOTAL	INITIALS
Free at this service									
Free at another service									
Total									

I confirm that:

- The child named above does not receive more than 20 hours Free ECE per week across all services.
- I will immediately notify all services where the child receives Free ECE of any changes to the information provided above.
- I have read and understood the information in this form and confirm that the information provided by me is true and correct.

Signed: _____ Date: _____

Name: _____ Relationship to child: _____

Change of Days/Times of Enrolment:						
Effective Date of Change: ___ / ___ / ___						
Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	
Times Enrolled:						Total
For 20 Hours ECE fill out boxes below						
20 Hours ECE at this service						
20 Hours ECE at another service						
Parent/Guardian Signature: _____ Date: ___ / ___ / ___						

Change of Days/Times of Enrolment:						
Effective Date of Change: ___ / ___ / ___						
Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	
Times Enrolled:						Total
For 20 Hours ECE fill out boxes below						
20 Hours ECE at this service						
20 Hours ECE at another service						
Parent/Guardian Signature: _____ Date: ___ / ___ / ___						

Change of Days/Times of Enrolment:						
Effective Date of Change: ___ / ___ / ___						
Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	
Times Enrolled:						Total
For 20 Hours ECE fill out boxes below						
20 Hours ECE at this service						
20 Hours ECE at another service						
Parent/Guardian Signature: _____ Date: ___ / ___ / ___						

Privacy Statement: All personal information on your child will be kept securely and remain confidential. Any changes to this form **must** be signed and dated by the parent/guardian.

Parental declaration

I have read and understand the following points:

- I have read, and agree to the illness policy attached, and will not bring my child to the Centre in the event of sickness or any infectious illness as per policy.
- I have read and agree to the outing and sleep policies.
Note: other policies of SSK are available for you to read, and we urge you to do so, as by signing this enrolment form you are agreeing to abide by the policies of the centre.
- I will notify the Supervisor should my child become ill with any infectious illness such as Chicken Pox, Rubella, Hepatitis, Mumps, etc.
- I authorise Southside Kids Childcare Centre to administer medication provided by me for my child, and in the event of accidents to seek medical advice as the centre may think necessary for my child's best interests.
- I have not (and will not) enrol my child in any other funded early childhood facility for the same hours that my child attends Southside Kids while my child is attending Southside Kids.
- I wish to enrol my child and agree to pay the fees as set by the Management and to give a minimum of 2 weeks notice should I wish to change my hours, or 4 weeks notice if withdrawing my child from the centre.
- This enrolment agreement is inclusive of school term breaks.
- Any fees incurred by the centre in the recovery of any outstanding debt incurred by me, will be paid by me.
- I understand that in a child's absence, public holidays, teacher only days and when the Centre closes at Christmas I am still obliged to pay fees.
- I declare that all of the information provided by me on this form are true and correct to the best of my knowledge.

Both parents/ guardians please sign if applicable

Parent/Guardian's signature: _____ Date: _____

Parent/Guardian's signature: _____ Date: _____

Service Declaration

On behalf of Southside Kids Childcare Centre, I declare that this form has been checked and all of the relevant sections have been completed.

Teacher's signature: _____

Date: _____

Medicine

Category (1) Medicine

A category (1) medicine is a non-prescription preparation (such as Sunblock, arnica cream, antiseptic liquid, insect bite treatment) that is not ingested and used for the first aid treatment of minor injuries and provided by Southside Kids. Category (1) medicines are kept in the first aid cabinet or on the shelf by the door in the case of sunscreen.

Do you approve of category (1) medicines being used on your child? YES / NO

Parent/Guardian signature: _____ Date: _____

Category (2) Medicine

Category (2) medicines are prescription (e.g., antibiotics, eye/ear drops, etc.) or non- prescription (such as liquid pamol, cough syrup, etc.) medicine that is used for a specific period of time to treat a specific condition or symptom, is provided by a parent for the use of that child only or, in relation to Rongoa Maori (Maori plant medicines) that is prepared by other adults at the service.

I acknowledge that written authority from a parent/guardian is to be given at the beginning of each day a category (2) medicine is to be administered, detailing:

- what (name of medicine),
- how (method and dose) and
- when (time or specific symptoms/circumstances) this medicine is to be given.

Parent/Guardian signature: _____ Date: _____

Category (3) Medicine

Category (3) medicine is medication required by your child for a specific condition such as asthma or eczema and is for the use of that child only. It requires an individual risk management plan to be written up outlining the conditions under which the medication can and/or should be administered, specific conditions, times and dosage.

Parent/Guardian signature: _____ Date: _____

Individual health plan sighted and copy taken Yes/No

Teacher's signature: _____ Date: _____

Medication Agreement

I _____, parent/guardian of
_____ (child's name)

Give permission for Southside Kids permanent teachers to administer non-prescription (category (1) medicines), 1st aid treatments such as; insect bite treatments, arnica for bruises or ice and to clean wounds with antiseptic solutions such as savlon or detol and apply sun block when necessary. These treatments are; not ingested, provided by the centre and kept in the 1st aid cupboard, for the treatment of minor injuries. Sun block stored in box in foyer.

I give permission for teachers to give non prescribed and prescribed medication (Category 2 medication I have supplied), to my child. For Category 2 medication I will give written authority via the medication book located by roll book at the beginning of each day. I am aware that, while all registered teachers have a current 1st aid certificates, they are not medical personal.

- I will enter my child's name, medication, when (time) medication to be administered, amount to be administered, what time my child last had medication and my signature.

Medication will not be stored on the premises unless the health and safety officer (currently Julie Barton) gives special written permission as part of my child's individual health plan. I have read and understood the centre policy for administration, storage and use of medication at Southside Kids and I agree to abide by it.

Parent/Guardian signature: _____ Date: _____

Individual Health Plan

Permission for the administration and storage of prescription medication (category (3) medicines) (e.g., asthma inhalers, antihistamine syrup) that are used for ongoing treatment of a pre-diagnosed condition (e.g., asthma, allergic reaction eczema).

Permission for the administration and storage (if required) of non-prescription medication (e.g., nappy rash treatment, teething powder) that are provided for the use by your child only.

Medication is provided for the use of your child only.

Name of medication:

Time, Dose and Method:

Under what conditions it is to be given:

Training provided by:

Review date:

Health & safety officer's signature: _____ Date: _____

Parent/Guardian's signature: _____ Date: _____

Outing Permission Slip

Outings are an important part of Centre life and are always planned for the benefit and enjoyment of the children. Outings provide the children with opportunities to broaden their contact within the wider community and provide opportunities and experiences not always available within the Centre.

Some outings can be planned e.g. Gym, Theatre Performances etc. Others will be spontaneous. Spontaneous outings are especially important as they can take advantage of ratios, weather and children's temperament in a way that planned outings are not always able to do. Spontaneous outings are local, and within walking distance e.g., the local park, the SPCA etc. Special outings e.g., a trip to Te Papa, require more planning and require additional signed permission for each one.

Children's safety is always paramount and therefore there are certain Centre criteria which must be followed for all outings:-

1. There is a minimum of 2 adults on every outing of which at least one is a registered teacher with current first aid certificate.
2. Communication i.e. cell phone is taken on outing so people know where children are and adults can communicate with each other.
3. Back pack taken which includes First Aid kit.
4. All adults working in the capacity of a staff member (i.e., Counted in ratios and 2 adult minimums) will be have had a 7 point risk assessment (inc. parent volunteers) and will be accompanied by a permanent registered teacher.
5. All children travelling in vehicles (inc. Taxi Vans) will be restrained in an appropriate manner. If private vehicles are being used there will be either 2 adults per vehicle or at least 2 vehicles will travel in convoy to destination.
6. If children remain at the centre and do not participate in outing the registered teachers and First aid requirements will not be compromised and the teacher to child ratio will be within legal requirement.

Please indicate below under which circumstances you give permission for your child to leave the Centre: -

I give my permission for _____ to attend:-

1. All Outings (including spontaneous)
2. Only outings "planned & advertised" to parents/whānau in advance
3. Prior approval for Special outings prior to the excursion taking place
3. No permission given

Any special conditions/information:-

Signed: Parents / Guardian

NB. Additional permission will be required for any outing which involves a cost to parents/whanau

My child's photos and profile book

In order for us to provide a relevant and meaningful learning programme for your child we need to observe them and their learning. We find the best way to do this is to use a combination of observation techniques, which include written and photographic observations. These observations will then be compiled into books we refer to as profile books. You are encouraged to read and add your own observations to your child's profile book whenever you wish. You are welcome to take the books home to read or show others but please return them promptly to allow us to continue them.

The books are yours to keep when your child leaves the centre.

From time to time we also need to use the children's profile books for training, showing perspective parents what we do and/or for the ministry of education during ERO visits. We have students here fairly often who need to see the profiles and observe/photograph the children, and we have other parents here taking photos for special occasions such as birthday parties etc. To get individual permission for each of these occasions is time consuming and sometimes quite impractical.

Therefore we would like to get your permission to photograph your child and to use their books for the purposes stated.

I give my permission for my child: _____

To be observed and photographed by teachers at Southside Kids for observation and programming purposes.	YES / NO
To be observed and photographed by students at Southside Kids for training purposes.	YES / NO
To be photographed by other parents during special occasions e.g., birthday parties.	YES / NO
To have their individual profiles seen by tutors for the purposes of teacher training sessions at Southside Kids	YES / NO
To have their individual profile books shown to perspective parents of the centre, as an example of the way Southside Kids observe children.	YES / NO
To have their individual profile books seen by Ministry of Education staff during ERO reviews of Southside Kids.	YES / NO
To have their individual profile books taken from the centre by Ministry of Education staff for short periods, for the purposes of ERO reviews of Southside Kids	YES / NO

Special condition you wish to add:

Parent/Guardian's signature: _____ Date: _____

Information from home

Information about your child that you wish to share with the Centre (likes/dislikes, routines, sleeping patterns, etc.). Teachers would love to sit with you and discuss information from home and talk about your cultural information and hopes and dreams you have for your child with you. This would help us support your child's well being and belonging within the centre. Making connections across settings.

Cultural Information

All cultural groups have beliefs, traditions and child-rearing practices that place value on specific knowledge, skills, attitudes and dispositions. To enable the centre to incorporate your child's cultural heritage within the centre we ask you to share the following information with us as children learn and develop the best when their culture, knowledge and community are affirmed and when people in their lives help them make connections across settings.

Ethnicity: _____

Language/s spoken at home: _____

Words commonly used:

Customs, values, beliefs and child rearing practices that are important to you:

Ethnic food commonly eaten:

Cultural dress/clothes worn:

Other information:

Parents' Aspirations

Information shared will be placed in your child's profile book

What are your Long Term Hopes and Dreams for your child?

What Learning Outcomes do you want for your child while at Southside Kids?

In what ways can Southside Kids support this?

Is there any other information you wish to share with the Centre?

What is a Pepeha?

The pepeha is the way to introduce yourself in Maori.

Keeping in mind **I ngawa o mua**(the time before) and the fact that our people in their **tikanga** face that direction for guidance, what better place could there be to start introducing ourselves! For we are the children of the Whānau, of the moana and of the tupuna.

To introduce ourselves we should tell the story of how we arrived here, and the story does not start with ourselves!!! But before we journey back in time we should anchor ourselves to this Whānau. **Mau** is hold, therefore our **Maunga**(mountain) will anchor us here.

How did our tupuna come? They crossed the **Moana**, (oceans) the vast stretches of Te Moana Nui a Kiwa and followed the **Awa** (rivers) to come to the final resting places of their **Waka** (canoes). From the Waka came the **Rohe** (districts)which sub divided into the **Iwi** then into the **Hapu**. Each hapu is affiliated with a **Wahi** (place) and in each wahi is a **Marae**. Your **Kaumatua** (Grandparents) come from the Marae, your **Matua** (parents) come from them and then there is **You**.

The next thing to do is to put all of this into Te Reo.

Using **Te** is saying that such and such is **the** mountain etc. However, remember about each Iwi having different tikanga? What is **the** mountain for one is not **the** mountain for another.

Using **Taku** implies that you are superior to what you are talking about.

Using **Toku** implies what you are talking about is superior to you.

TōkuPepeha

Ko _____ **teMaunga** (The mountain that I affiliate to is)

Ko _____ **te Awa/Roto/Moana** (The river/lake/sea that I affiliate to is)

Ko _____ **te Waka/Wakarererangi** (boat/plane family arrived on)

Ko _____ **te Iwi** (Tribe/nationality)

No _____ **ahau** (Country/city)

Ko _____ **tōkuPāpā** (Fathers name)

Ko _____ **tōkuMāmā** (Mothers name)

Ko _____ **tōkuingoa** (your name)

No reira
Tēnā koutou, Tēnā koutou,
Tēnātātoukatoa

Whānau values for our Whānau wall and Pepeha for our Pepeha wall :

My name is:

My birthday is:

My Whānau is from:

My Whānau values:

In my Whānau we love:

Tena Koutou

Ko _____ tōkuPāpā

Ko _____ tōkuMāmā

Ko _____ teMaunga

Ko _____ te Awa

Ko _____ te waka

Ko _____ te iwi

No _____ ahau

Ko _____ tōkuingoa

No reira

Tēnā koutou, tēnā koutou,

Emergency List

Name of Child:		
Date of Birth:		
Parent/Guardians Name:		
Home Address:		
Mobile:		
Home Phone:		
Work Phone:		
Occupation:		
Parent/Guardians Name:		
Home Address:		
Mobile:		
Home Phone:		
Work Phone:		
Occupation:		
Who has legal custody of the above child?		
Who does not have access to your child?		
Who has access to your child subject to conditions?		
Alternative Contacts who are authorised to collect your child:		
<ul style="list-style-type: none"> • First alternate: • Relationship to child: 		Phone no:
<ul style="list-style-type: none"> • Second alternate: • Relationship to child: 		Phone no:

HS19 Reducing Hazards and Risks of foods from choking in ECE

Babies and young children have increased risk of choking on food due to their small air and food passages. They are learning to move food .

around their mouths and learning how to bite, chew and grind food.

Although we at Southside do not provide food for children as they bring lunch boxes, we feel should recommend that lunchboxes should follow the recommendations to what food to exclude food from lunch boxes and what food to alter to reduce the risk of choking at SSK. The recommendations are based on the Ministry of Health for ECE Services providing food. For ECE services providing food this is a regulation that comes into effect on the 25th January 2021 (HS19) and they are required to exclude foods identified as a choking risk and how to alter food identified as high risk foods to lower choking risk.

To help prevent choking children at SSK are required to sit and eat and drink under the supervision of teachers and will be redirected to sit if standing and walking around with food and drink. This can also be supported at home to make transitions from home to centre easier for the child to adapt within the centre environment.

Registered teachers revalidate their first aid certificates every 2 years to support children's health and safety while attending the centre.

Providing appropriate food in ECE

Research shows that some food poses a greater risk of choking on. To reduce the risk, early learning services should remove high-risk foods and change the texture or size and shape of others.

High risk foods to exclude:

- Whole or pieces of nuts •Hard rice crackers
- Large seeds, like pumpkin or sunflower seeds•Dried fruit
- Hard or chewy sweets or lollies, Sausages, saveloys and cheerios
- Crisps or chippies•Popcorn, Marshmallows

How to alter high risk food to lower its choking risk:

Food Characteristics	Examples	Choking Risk	Changes to reduce risk	
			1 to 3 year olds	4 – 6 year olds
Small hard food	Pieces of raw carrot, apple or celery	Difficult for young children to bite through and break down safely enough to swallow safely. Pieces can become stuck in children's airways.	Grate raw carrot, apple or celery, spirals to create vegetable or fruit spirals, slice thinly using mandolin. Cook until soft and cut into strips (around 4-6 cm long) that can be picked up with one hand.	Prepare as for 1 to 3 year olds. Raw or cooked vegetable or fruit cut into sticks (around 4-6 cm long) that can be picked up with one hand. .
Small round or oval food	Fruit with stones and large seeds or pips like watermelon. Grapes, large berry's, cherry tomatoes Raw green peas.	Small round food can lodge in children's airways.	Remove stones and seeds or large pips. Quarter or finely chop grapes, berries and tomatoes to 8mm Times 8mm or smaller (about half the width of a standard dinner fork) Peas cook and squash with a fork.	Half or quarter grapes, berries and cherry tomatoes. Whole cooked peas are acceptable.
Food with skin on or leaves	Chicken			Remove skin from chicken Finely slice or chop salad leaves, spinach and cabbage.
Compressible food	Pieces of cooked meat	Can fit into the shape of the airway and get lodged tightly.	Cook meat until very tender. Choose mince, shed or chop meat to 8 mm times 8 mm sized pieces.	Prepare as for 1 – 3 year olds or offer thin strips of meat (around 4 -6 cm long) that can be picked up with one hand or with a fork.
Food with bones	Fish Chicken	Small bones present a choking risk.	Remove all bones.	
Thick pastes	Nuts or seed butter	Can fit to the shape of a child's airway or stick to the side of airway.	Use smooth thick pastes sparingly, spreading thinly and evenly onto bread.	
Fibrous or stringy food	Raw pineapple	Fibres make it difficult for children to break up the food into smaller pieces	Peel the skin or strong fibres off where possible. Slice these foods thinly across the grain of fibres.	

Fees are paid via by automatic payments.

Account details: Southside Kids Childcare Centre,

Bank Account: 03 - 0518 - 0160973 - 00

Please include your surname and child's first name as the reference and code so payment is attributed to the correct person.

Lunch Box Suggestions

We recommend:

- sandwich, plain biscuits/crackers, raisins or othercheese, yoghurt, muesli bars, fresh fruit/vegetables, leftovers (in microwave safe container), juice, seeds (pine nuts, pumpkin).

Foods on the Banned List:

- sweets, soda drinks, 2 minute style noodles, peanuts in the Under 2 area (and sometimes also in the Over 2 area if there is a child with an allergy to them).

Note: sometimes other food may be added to the list if a child is enrolled with severe allergies to it e.g., egg, fish

Please ensure all lunch containers and drink bottles are clearly labelled.

What to provide

Please ensure everything is named:

- Lunch
- Spare Clothing
- Comfort toy
- Medicine required
- Bottles
- Nappies
- Milk formula