



## Ordering B4 School Resources

- Treasure Tins
- Paperwork (Child health Questionnaire – Very Important Things About Me)

1. Go to website: <https://www.seeit.co.nz/showroom-stores.htm>

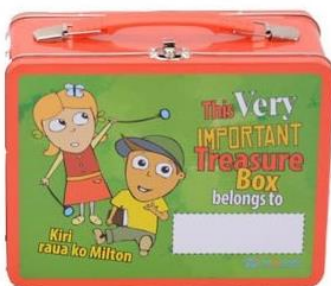
2. This takes you to Client Stores. Click on



and select **Waikato DHB** in the blue strip

3. Your practice has its own log in.

4. Ordering 1 x Carton of Treasure Tins includes 10 x Tins and all paperwork.  
(including envelopes for sending blue SDQ -T forms to the preschool)



### The Treasure Tin contains:

1. My Very Important Book
2. Colouring Pencils
3. Bouncy Ball
4. Toothbrush and Colgate toothpaste
5. Healthy Eating 2-12 years booklet

| CHILD HEALTH QUESTIONNAIRE  |   | Very<br>IMPORTANT<br>Things About<br>ME  |
|---|---|--|
| <div> <div>B4<br/>School<br/>Check</div> <div> Medical Centre: _____ Date of check: _____<br/> BASC Nurse/Provider: _____ Date entered: <input type="checkbox"/> Invoiced: <input type="checkbox"/> </div> </div>   |   |  |
| <b>CHILD'S DETAILS</b>  |   |  |
| First Name(s): _____  |   |  |
| Family Name: _____  |   |  |
| Date of Birth: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female NHR: _____   |   |  |
| Home Address: _____   |   |  |
| <b>ETHNICITY</b>  |   |  |
| <input type="checkbox"/> NZ European/Pakeha<br><input type="checkbox"/> Other European<br><input type="checkbox"/> Niuean<br><input type="checkbox"/> Chinese<br><input type="checkbox"/> South East Asian<br><input type="checkbox"/> Middle Eastern<br><input type="checkbox"/> Declined to state | <input type="checkbox"/> NZ Māori<br><input type="checkbox"/> Samoan<br><input type="checkbox"/> Tokelauan<br><input type="checkbox"/> Indian<br><input type="checkbox"/> Other Asian<br><input type="checkbox"/> Latin American/Hispanic<br><input type="checkbox"/> Other _____ | <input type="checkbox"/> Cook Island Māori<br><input type="checkbox"/> Tongan<br><input type="checkbox"/> Fijian<br><input type="checkbox"/> Other Pacific Island<br><input type="checkbox"/> African<br><input type="checkbox"/> Not Stated |
| Family Doctor: _____  |   |  |
| Medical Centre: _____   |   | Phone: _____   |
| Net Provider (if known): _____  |   |  |
| Well Child Provider (if known): _____   |   |  |
| Name of Pre-school: _____   |   | <div> If caregiver would like<br/> child to be engaged in<br/> early education?<br/> Contact 07 850 8888 </div>  |
| Address of Pre-school: _____  |   |  |
| School child will attend: _____   |   |  |
| <small>BASC Child Health Questionnaire 2023 (Version 10)</small>  |   |  |



Information for Parent and  
Guardians