



PO Box 791
Cambridge 3450

Phone: 07 823 3397
Mobile: 0275 231 542
Fax: 07 856 0425

Email: admin@ececonsultants.co.nz
www.ececonsultants.co.nz

Date _____

Centre Details Update Form

Centre Name:

Contact Person:	Position:
------------------------	------------------

Bus Phone:	A/Hours Contact Name:
Fax:	A/Hours Phone:
Email:	Mobile:

Physical Address:	Postal Address:
--------------------------	------------------------

<u>Accounts: Invoices</u>	
Contact Person:	Postal Address:
Phone Number:	
Email for invoices:	
<u>Accounts: Monthly Statements (if different to invoices)</u>	
Contact Person:	Postal Address:
Phone Number:	
Email:	

Number of children and age groups (e.g. Mixed, Under Twos/ Over Twos, Infants Room/ Toddlers Room/ Preschool etc.):
--

Centre Philosophy (Steiner, Reggio Emilia, Montessori etc.):

Other e.g. special requirements important for the philosophy of your centre (e.g. clothing worn by relievers), any other important points we need to know to successfully place relievers.
