

Stand No 1122 Sandriver Trust
 Hazyview, Mpumalanga
 Tel: 066 238 2296 / 082 935 2502
 Email: bethelprecreche@gmail.com
 NPO No: 080-219 | EMIS No: 801000042



SECTION 1: Learner Details

Full Name:	Zanothando Ngomane	Date of Birth:	2021/12/15
Age:	4	Gender:	Female
ID Number (if available):	2112151389088	Home Language:	Siswati
Current Class:		First Day of Attendance:	

SECTION 2: Parent / Guardian Information

Parent/Guardian 1 - Full Name:	Princess Ngomane	Relationship to Learner:	Mother
ID Number:	0106171161081	Occupation:	
Phone Number:	0765809284	Alternative Contact:	
Email Address:	Princessngomane6@gmail.com	Residential Address:	904
Parent/Guardian 2 - Full Name:	Thobani Makandule	Relationship to Learner:	Father
ID Number:	0760950769	Occupation:	
Phone Number:	9802286094086	Alternative Contact:	
Email Address:	Thobanimakandule@gmail.com	Residential Address:	904

SECTION 3: Emergency & Medical Information

Emergency Contact Name:	Sister Makandule	Contact Number:	None
Relationship to Learner:	Grandmother	Family Doctor:	None
Doctor's Contact Number:	None	Medical Aid (Yes/No):	None
Medical Aid Name:	None	Medical Aid Number:	None
Allergies / Medical Conditions:	None		
Medication currently taken:	None		

SECTION 4: Collection & Transport

Authorized Persons to Fetch Learner (Name & ID):	
Transport Method (Parent/Transport/Walk):	Transport
If using school transport, Route/Driver Name:	

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SECTION 5: Consents

	Yes/No
I consent to medical treatment in case of emergency	No
I allow my child to appear in group photos for internal use	Yes
I confirm all information is true and correct	Yes
I have received and understood the crèche rules and policies	Yes

Parent/Guardian Signature: Date: 29/01/2026 Admin Signature
Admin Signature (Office Use): _____ Date: _____

SECTION 6: Referral

How did you hear about Bethel Crèche?

- Referred by a parent or guardian
- Referred by a staff member
- Social media / Online
- Saw the signage or school
- Other: Family member

If referred, please provide the FULL NAME of the person who told you about Bethel Crèche:

Sister Malandine

What is your relationship to that person?

- Family Friend Crèche staff member Other: _____

Did this person personally help you register or bring you to the crèche?

- Yes No

Signature of Parent/Guardian: Date: 29/01/2026



home affairs

Department:
Home Affairs
REPUBLIC OF SOUTH AFRICA

H 4339564

83/DHA - 5

PARTICULARS FROM THE POPULATION REGISTER I.R.O.:

BIRTH CERTIFICATE

CHILD IDENTITY NUMBER: 2112151389088
 SURNAME: NGOMANE
 FORENAMES: ZANOTHANDO PURITY

GENDER: FEMALE DATE OF BIRTH: 2021-12-15
 PLACE OF BIRTH: MKHUHLU
 COUNTRY OF BIRTH: SOUTH AFRICA

MOTHER: ID NUM/TRAVEL DOC: 0106171161081

MAIDEN/SURNAME: NGOMANE
 FORENAMES: THAPELO PRINCESS

DATE OF BIRTH: 2001-06-17
 PLACE OF BIRTH: MKHUHLU
 COUNTRY OF BIRTH: SOUTH AFRICA

FATHER: ID NUM/TRAVEL DOC: _____

SURNAME: _____
 FORENAMES: _____

DATE OF BIRTH: _____
 PLACE OF BIRTH: _____
 COUNTRY OF BIRTH: _____

ENDORSEMENTS:
 NONE

bp
 DIRECTOR-GENERAL: HOME AFFAIRS

DEPARTMENT OF HOME AFFAIRS
 PRIVATE BAG X2032
 HAZYVIEW 1242
 2022 -01- 14
 OFFICIAL STAMP
 HAZYVIEW (06)

DATE PRINTED: 20220114

ISSUED BY: YEV257



Age	Date	Feeding advice p4	Growth monitoring p9	Development p23	Head circumference p25	Immunisation p27	Vitamin A p28	Deworming p28	Oral Health p29	TB screen p40	Consider HIV p40	Next date
3 - 6 days	22/12/20											26-01-2021
0 weeks	26/01/2021											29/02/2021
10 weeks	23/02/2021											24/03/2021
14 weeks	24/03/2021											28/04/2022
4 months	23/04/2021											08/06/2021
5 months												
6 months	15/06/22											18/07/2022
7 months	18/07/22											15/08/2022
8 months	15/08/22											15/09/2022
9 months	15/09/22											13/10/2022
10 months	13/10/22											15/11/2022
11 months	15/11/2022											15/12/2022
12 months	15/12/22											15/01/2023
14 months	15/02/2023											17/04/2023
16 months	17/04/2023											15/06/2023
18 months	15/06/23											15/08/2023
20 months	15/08/23											18/10/2023
22 months	18/10/23											15/12/2023
2 years	18/12/23											13/02/2024
2 and a half years	14/02/24											17/11/24
3 years	17/12/24											15/06/25
3 and a half years	17/06/25											15/12/25
4 years												
4 and a half years												
5 years												
6 years												
12 years												

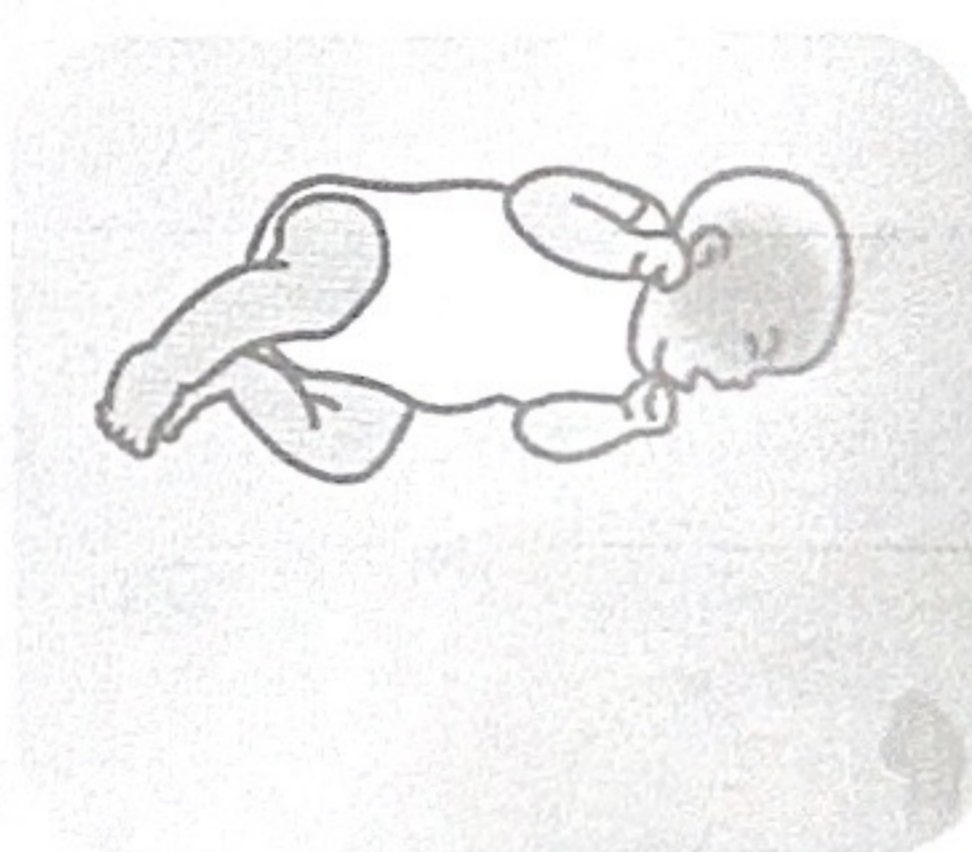
tick once done Not in schedule

Danger signs

Take your child to the nearest clinic if you see any of the following:



Child is coughing and breathing fast (more than 50 breaths per minute)



Child under 2 months old has a fever and is not feeding



Child is vomiting everything



Child has diarrhoea (?) sunken eyes, and a sunken fontanelle



Child is shaking (convulsions) (?)



Child has signs of malnutrition (?) (swollen ankles and feet)



Child is not moving or does not wake up



Child is unable to breastfeed