

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:	Atlehang Langelihle Mashabane	Date of Birth:	2022-01-04
Age:	04	Gender:	Female
ID Number (if available):	2201040733083	Home Language:	Siswati
Current Class:		First Day of Attendance:	

SECTION 2: Parent / Guardian Information

Parent/Guardian 1 - Full Name:	NYAZIMULO MASHABANE	Relationship to Learner:	Mother
ID Number:	0402040863084	Occupation:	
Phone Number:	076 9816816	Alternative Contact:	082 739 9348
Email Address:	mashnkazi@gmail.com	Residential Address:	Stand no 776 Shabalala Trust
Parent/Guardian 2 - Full Name:	THAPELO MASANGO	Relationship to Learner:	Father
ID Number:	9901295619084	Occupation:	
Phone Number:	079 669 9454	Alternative Contact:	076 488 5591
Email Address:	Thapelomasango475@gmail.com	Residential Address:	Sandriver Trust

SECTION 3: Emergency & Medical Information

Emergency Contact Name:	THAPELO MASANGO	Contact Number:	079 669 9454
Relationship to Learner:	Father	Family Doctor:	
Doctor's Contact Number:		Medical Aid (Yes/No):	
Medical Aid Name:		Medical Aid Number:	
Allergies / Medical Conditions:			
Medication currently taken:			

SECTION 4: Collection & Transport

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

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SECTION 5: Consents

	Yes/No
I consent to medical treatment in case of emergency	Yes
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: [Signature] Date: 29/01/2026 Admin Signature
Admin Signature (Office Use): [Signature] Date: 30/01/2026

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: _____

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

Thapelo

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: [Signature] Date: 29/01/2026

Clinic Visits

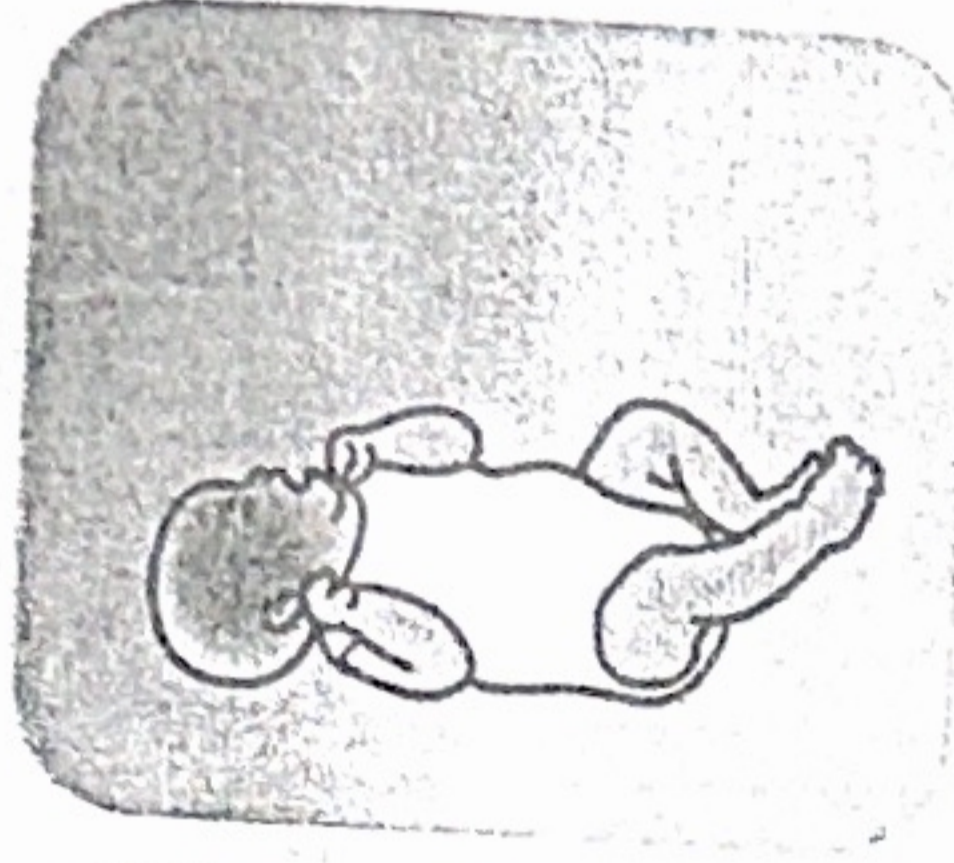
Age	Date	Feeding advice p4	Growth monitoring p9	Development p23	Head circumference p25	Immunisation p27	Vitamin A p28	Deworming p28	Oral Health p29	TB screen p40	Consider HIV p40	Next date
3 - 6 days	10-01-2022	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	15-02-2022
6 weeks	15-02-22	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	15-03-22
10 weeks	15-03-22	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	12-04-22
14 weeks	12-04-22	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	04-07-22
4 months												
5 months												
6 months	04/07/22	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	04/10/22
7 months												
8 months												
9 months	05/10/22	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	04/01/23
10 months												
11 months												
12 months	04-01-23	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	04-07-23
14 months												
16 months												
18 months	04-07-23	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	04-01-24
20 months												
22 months												
2 years	04-01-23	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	04-07-23
2 and a half years	04-07-24	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	06-01-24
3 years	06/01/2025	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	04/07/2025
3 and a half years	04/07/25	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	04/10/25
4 years	05/01/2026	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	06/07/2026
4 and a half years												
5 years												
6 years												
12 years												

Danger signs!

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



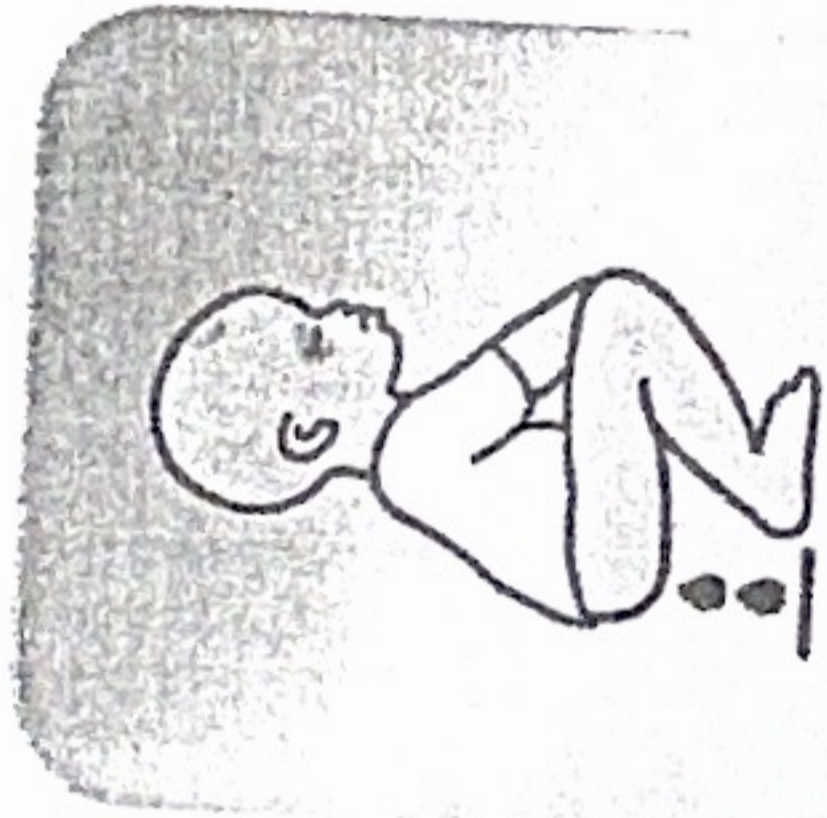
Child is coughing and breathing fast (more than 50 breaths per minute)



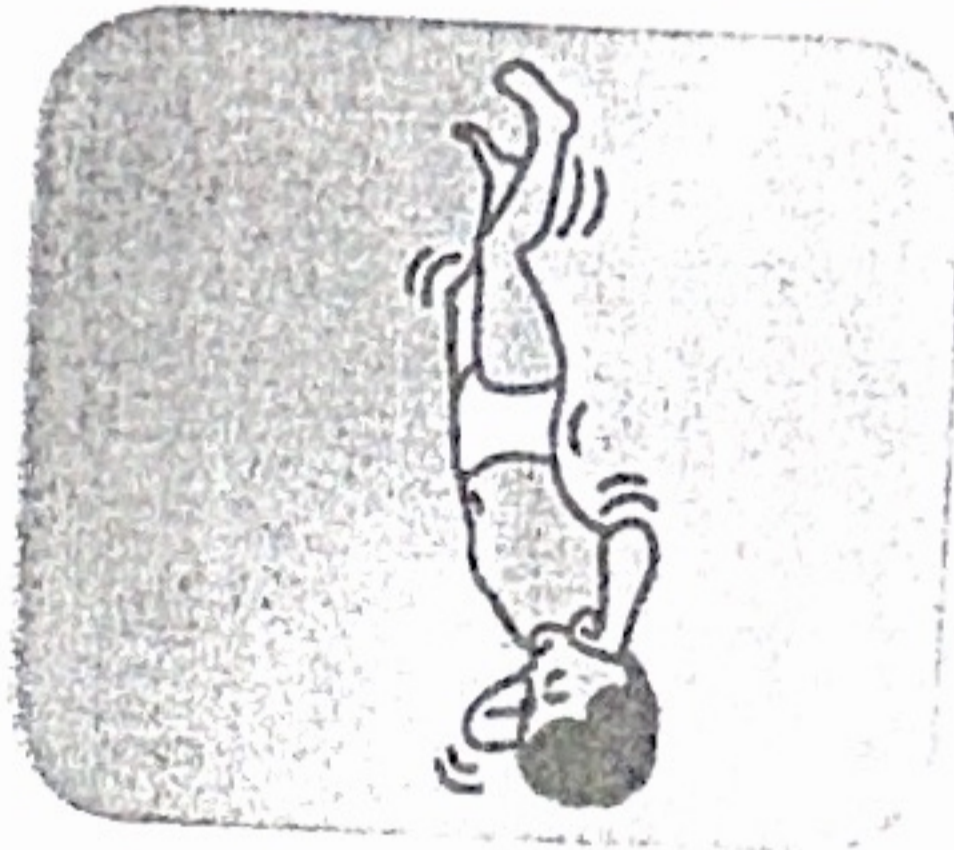
Child under 2 months old has a fever and is not feeding



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

tick once done Not in schedule

REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD

Surname:
MASHABANE
Names:
NKAZIMULO ARISHORNE
Sex:
F
Nationality:
RSA
Identity Number:
0402040863084
Date of Birth:
04 FEB 2004
Country of Birth:
RSA
Status:
CITIZEN


Signature:





Conditions:
This card has been issued by the
Department of Home Affairs in terms of the
Identification Act, Act 68 of 1997
If found please return to the Department of Home Affairs
For enquiry or verification purposes contact 0800 90 11 00

Date of Issue:
17 JUL 2021

RSA

116802673







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

BIRTH CERTIFICATE

CHILD IDENTITY NUMBER: 2201040733083
 SURNAME: MASHABANE
 FORENAMES: ATLEHANG LANGELIHLE

GENDER: FEMALE DATE OF BIRTH: 2022-01-04
 PLACE OF BIRTH: SABIE
 COUNTRY OF BIRTH: SOUTH AFRICA

MOTHER: ID NUM/TRAVEL DOC: 0402040863084

MAIDEN/SURNAME: MASHABANE
 FORENAMES: NKAZIMULO ARISHORNE

DATE OF BIRTH: 2004-02-04
 PLACE OF BIRTH: WHITE RIVER
 COUNTRY OF BIRTH: SOUTH AFRICA

FATHER: ID NUM/TRAVEL DOC:

SURNAME: -----
 FORENAMES: -----

DATE OF BIRTH: -----
 PLACE OF BIRTH: -----
 COUNTRY OF BIRTH: -----

ENDORSEMENTS:
NONE

PP *(Signature)*
 DIRECTOR-GENERAL: HOME AFFAIRS

DATE PRINTED: 20220111

ISSUED BY: YMN206

