

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:	AYAMA Mduli	Date of Birth:	22 / 02 / 18
Age:	4	Gender:	Female
ID Number (if available):	2202181116088	Home Language:	Siswati
Current Class:		First Day of Attendance:	03 / 02 / 26

### SECTION 2: Parent / Guardian Information

Parent/Guardian 1 - Full Name:	Sophie Mkhabela	Relationship to Learner:	Mother
ID Number:	9412191071081	Occupation:	
Phone Number:	0763301316	Alternative Contact:	
Email Address:		Residential Address:	
Parent/Guardian 2 - Full Name:	Sandiso Mduli	Relationship to Learner:	Father
ID Number:	9302095524089	Occupation:	
Phone Number:	0724352793	Alternative Contact:	
Email Address:		Residential Address:	

### SECTION 3: Emergency & Medical Information

Emergency Contact Name:	Chaney Mkhabela	Contact Number:	079 311 2899
Relationship to Learner:		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):	Ntando
Transport Method (Parent/Transport/Walk):	Transport
If using school transport, Route/Driver Name:	Ntando

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 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: 02/02/26 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: \_\_\_\_\_

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

Chaney Mkhabela

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: 02/02/26

**NOTICE OF PERSONAL PARTICULARS**

1. Any changes to the personal particulars in your ID Book must be communicated to all relevant parties.

**NOTICE OF CHANGE OF ADDRESS**

1. Keep the NOTICE OF CHANGE OF ADDRESS form in this pocket to report a change of address or a change in particular of your present address e.g. name of street and/or street number etc.
2. Hand in at or post to the nearest regional/district office of the DEPARTMENT OF HOME AFFAIRS

I.D. No. 941219 1071 081



S.A.CITIZEN

SURNAME  
**MKHABELA**

FORENAMES  
**SOPHIE**

COUNTRY OF BIRTH  
**SOUTH AFRICA**

DATE OF BIRTH  
**1994-12-19**



DATE ISSUED  
**2013-05-22**

ISSUED BY AUTHORITY OF  
THE DIRECTOR-GENERAL  
HOME AFFAIRS

**SUID-AFRIKAANSE POLISIEDIENS**

**C.S.C.**

**22 -12- 2025**

**HAZYVIEW**

**SOUTH AFRICAN POLICE SERVICE**

I CERTIFY THAT THIS DOCUMENT IS A TRUE REPRODUCTION (COPY) OF THE ORIGINAL DOCUMENT WHICH WAS HANDED TO ME FOR AUTHENTICATION. I FURTHER CERTIFY THAT FROM MY OBSERVATIONS AN AMENDMENT OR A CHANGE WAS NOT MADE TO THE ORIGINAL DOCUMENT

*[Handwritten Signature]*  
.....  
HANTERKENING / SIGNATURE

MAGSNOMMER / FORCE NUMBER .....  
RANG / RANK .....

NAAM IN DRUKSKRIF / NAME IN PRINT .....  
*[Handwritten Name: M. Mahaga]*

