

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



SECTION 1: Learner Details

| | | | |
|---------------------------|---------------------|--------------------------|------------|
| Full Name: | Boikiano Phiwokuhle | Date of Birth: | 2022-06-22 |
| Age: | 3 | Gender: | Female |
| ID Number (if available): | 2206221214084 | Home Language: | Siswati |
| Current Class: | R. R | First Day of Attendance: | 02-02-2026 |

SECTION 2: Parent / Guardian Information

| | | | |
|--------------------------------|---------------|--------------------------|-----------------|
| Parent/Guardian 1 - Full Name: | Sarah Makoiq | Relationship to Learner: | Mother |
| ID Number: | 9307300383080 | Occupation: | N/A |
| Phone Number: | 0793949885 | Alternative Contact: | 0820864709 |
| Email Address: | | Residential Address: | Sandriver Trust |
| Parent/Guardian 2 - Full Name: | | Relationship to Learner: | |
| ID Number: | | Occupation: | |
| Phone Number: | | Alternative Contact: | |
| Email Address: | | Residential Address: | |

SECTION 3: Emergency & Medical Information

| | | | |
|---------------------------------|--------------|-----------------------|--------------|
| Emergency Contact Name: | Sarah Makoiq | Contact Number: | 079 394 9885 |
| Relationship to Learner: | Mother | Family Doctor: | N/A |
| Doctor's Contact Number: | N/A | Medical Aid (Yes/No): | N/A |
| Medical Aid Name: | N/A | Medical Aid Number: | N/A |
| Allergies / Medical Conditions: | N/A | | |
| Medication currently taken: | N/A | | |

SECTION 4: Collection & Transport

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

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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: Makole Date: 30/02/26 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:

Delisire Masuku

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: _____

REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD

Surname: **MAKOLA**
 Names: **SARAH MAHLATSE**
 Sex: **F**
 Nationality: **RSA**
 Identity Number: **9307300383080**
 Date of Birth: **30 JUL 1993**
 Country of Birth: **RSA**
 Status: **CITIZEN**



Signature: *Makola*

SUID-AFRIKAANSE POLISIEDIENS
C.S.C.
20-01-2026
HAZYVIEW
SOUTH AFRICAN POLICE SERVICE

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HANDTEKENSIGNE / SIGNATURE: *[Signature]*
 RANG / RANK: **CONST**
 MAGSNOMMER / FORCE NUMBER: **2868226**
 NAAM IN DRUKSKRIF / NAME IN PRINT: **NKOSI NG.**

Conditions: **This card has been issued by the Department of Home Affairs in terms of the Identification Act, Act 68 of 1997**
 Date of Issue: **11 MAR 2024**

If found please return to the Department of Home Affairs
 For enquiry or verification purposes contact 0600 90 11 90

39806

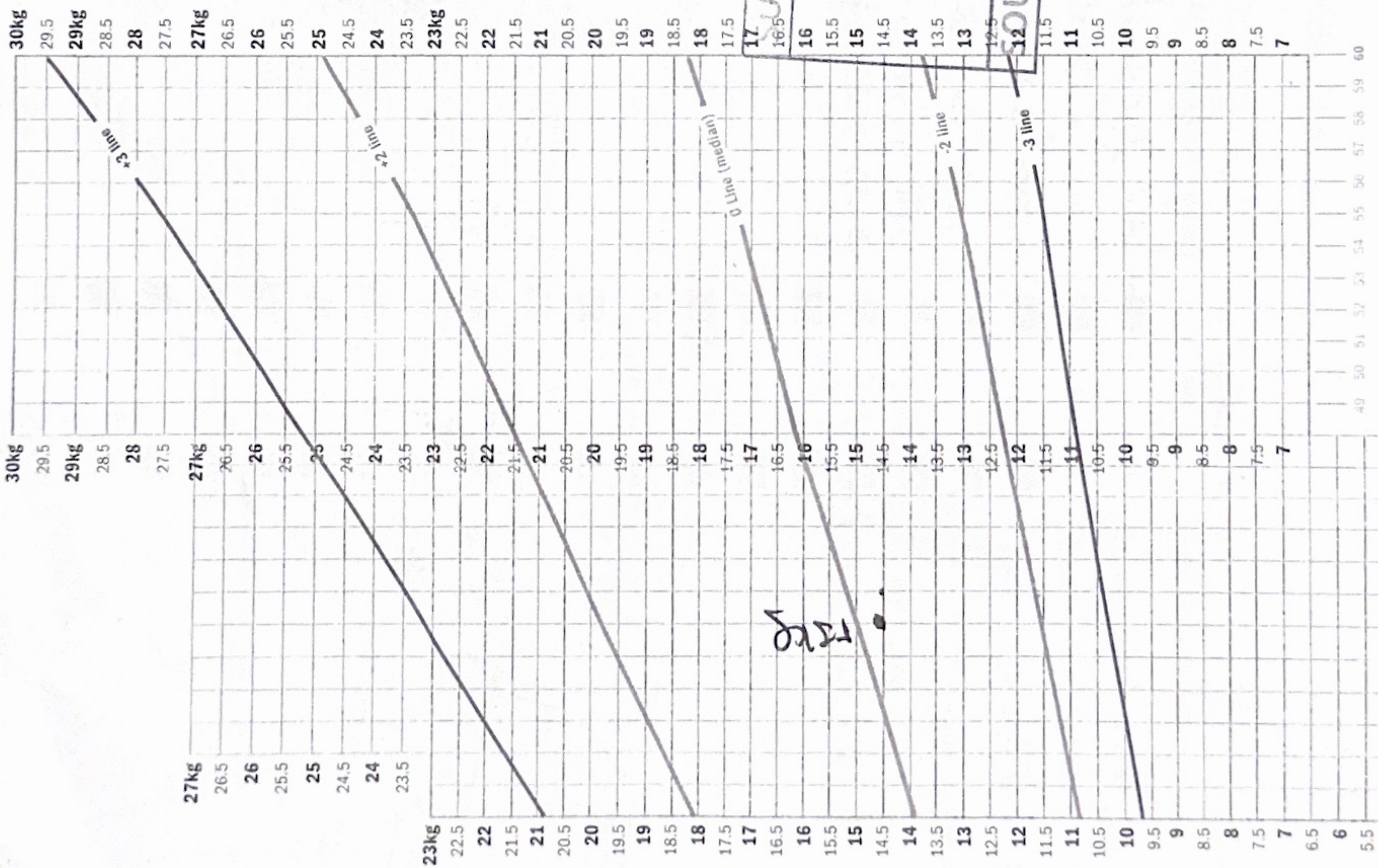
124162534





GIRLS: Weight-for-age charts

3 to 5 years

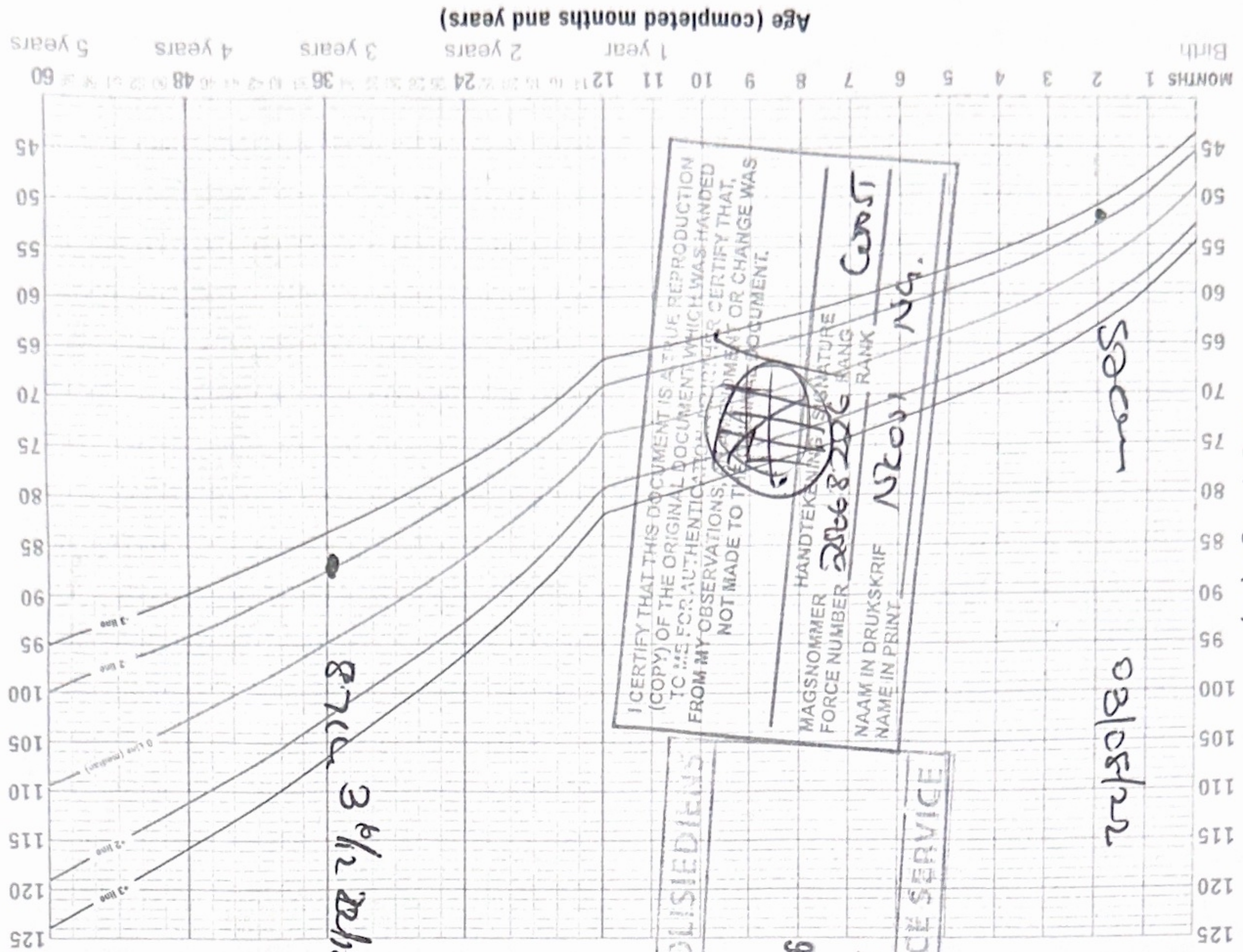


14.5 kg

4 to 5 years

GIRLS: Height-for-age charts

birth to 5 years



87 cm 3 1/2 years

20/05/20

mes

FOR PERIODIC USE (every 6 months)

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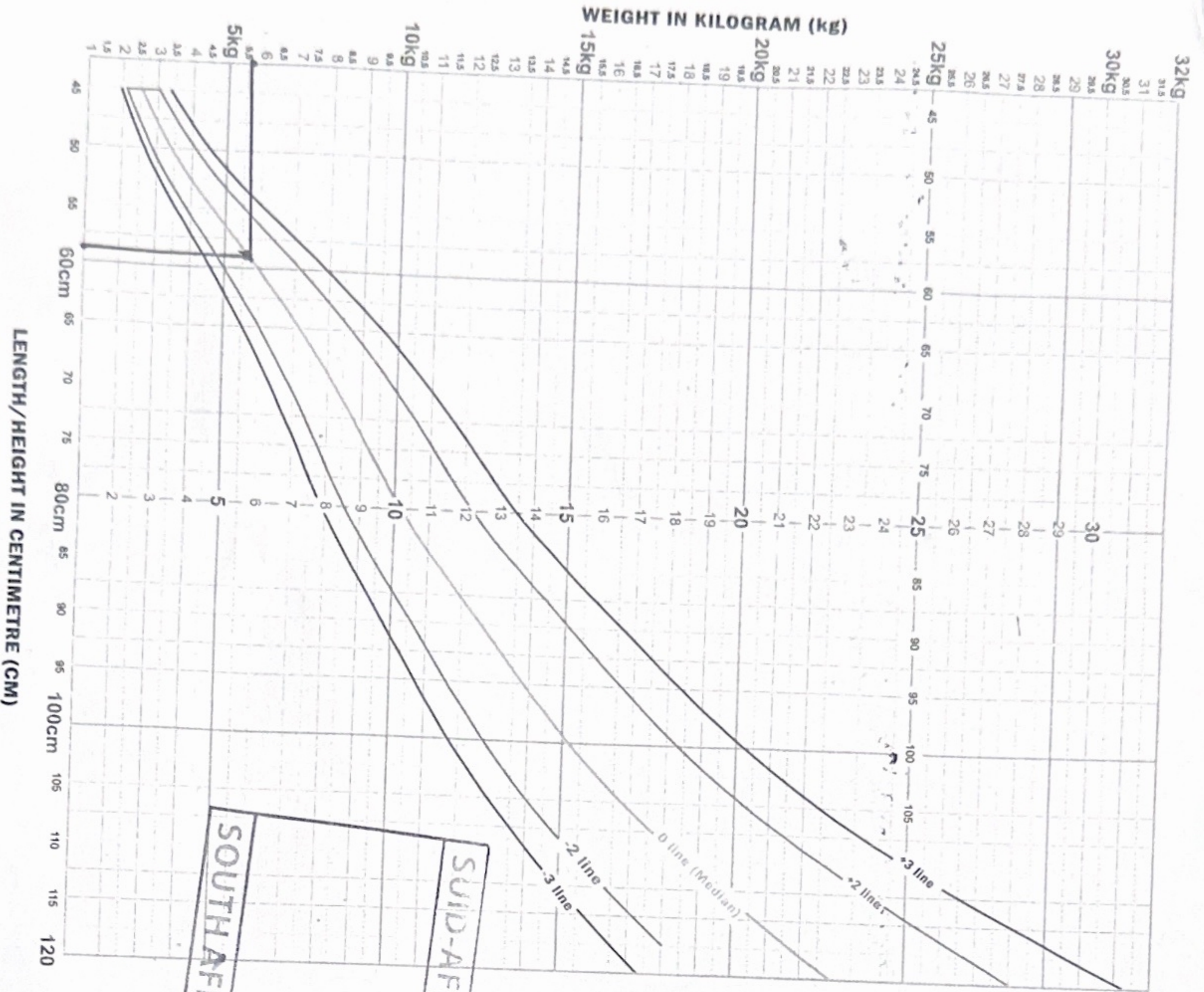
MAGSNOMMER: 20668206
 FORCE NUMBER: 20668206
 RANK: COAST
 NAAM IN DRUKSKRIF: Nzoni Ng.
 NAME IN PRINT: Nzoni Ng.

REPUBLIC OF SOUTH AFRICA
 SOUTH AFRICAN POLICE SERVICE
 HAZY VIEW
 20-01-2026
 C.S.G.
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INTERPRETATION OF LINES

This Length/Height-for-Age Chart shows height relative to age in comparison to the Median green (0-line)

GIRLS: Weight-for-height chart



*This Weight-for-Height/Length Chart shows body-weight relative to length/height in comparison to the Median (the 0 z-score line).

- A girl whose weight-for-length/height is above the (red) +3 line, is obese.
- A girl whose weight-for-length/height is above the (orange) +2 line, is overweight.
- A girl whose weight-for-length/height is below the (orange) -2 line, is wasted.
- A girl whose weight-for-length/weight is below the (red) -3 line, is severely wasted (SEVERE ACUTE MALNUTRITION). Refer for urgent specialised care.

Nutritional Assessment

| Date | Weight | Height | Interpretation (IMCI) | Action (if any) | Health worker name |
|----------|--------|--------|-----------------------|-----------------|--------------------|
| 31/8/22 | 5.6 kg | 59 cm | ■ | Diet discussed | NOBEN |
| 22-02-23 | 7.6 kg | 68 cm | ■ | Diet discussed | NOBEN |
| 22-06-23 | 8.8 kg | 74 cm | ■ | Diet discussed | NOBEN |
| 23/08/23 | 8 kg | 80 cm | ■ | Diet discussed | NOBEN |

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MAGSOMMER HANDEKING
 FORCE NUMBER 2067206 RANG
 NAME IN PRINT DR. BOSI RANG
 SIGNATURE
 RANG

Complete the table every time the child's nutritional status is assessed.

For Health Workers...



home affairs

Department:
Home Affairs
REPUBLIC OF SOUTH AFRICA

H 6274446

83/DHA - 5

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

BIRTH CERTIFICATE

CHILD
SURNAME:
FORENAMES:

IDENTITY NUMBER: 2206221214084
MAKOLA

BOIKANO PHIWOKUHLE
ROYALTY

GENDER:
PLACE OF BIRTH:
COUNTRY OF BIRTH:

FEMALE
THEMBA HOSPITAL
SOUTH AFRICA

DATE OF BIRTH: 2022-06-22

MOTHER:

ID NUM/TRAVEL DOC: 9307300383080

MAIDEN/SURNAME:
FORENAMES:

MAKOLA
SARAH MAHLATSE

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

1993-07-30
LYDENBURG
SOUTH AFRICA

FATHER:

ID NUM/TRAVEL DOC:

SURNAME:
FORENAMES:

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

ENDORSEMENTS:
NONE

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REPUBLIC OF HOME AFFAIRS
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