

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:	Lebone Pearl Nkosi	Date of Birth:	2022-12-27
Age:	3	Gender:	Female
ID Number (if available):	2212270593089	Home Language:	Sepedi
Current Class:	Creche	First Day of Attendance:	30/01/2026

SECTION 2: Parent / Guardian Information

Parent/Guardian 1 - Full Name:	Lutecia M Mooto	Relationship to Learner:	Mother
ID Number:	8908270718089	Occupation:	Working as Educator
Phone Number:	0794505723	Alternative Contact:	0729344288
Email Address:	mmathapelolutecia@gmail	Residential Address:	1143 Majika trust
Parent/Guardian 2 - Full Name:	Albert Nkosi	Relationship to Learner:	Father
ID Number:		Occupation:	Business Man
Phone Number:	0729344288	Alternative Contact:	0794505723
Email Address:		Residential Address:	1143 Majika trust

SECTION 3: Emergency & Medical Information

Emergency Contact Name:	Albert Nkosi	Contact Number:	0729344288
Relationship to Learner:	Father	Family Doctor:	Dr. Mathebula
Doctor's Contact Number:		Medical Aid (Yes/No):	Yes
Medical Aid Name:	Gems	Medical Aid Number:	001587-821
Allergies / Medical Conditions:	None		
Medication currently taken:	None		

SECTION 4: Collection & Transport

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

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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: 30/01/2026 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: _____

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

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: _____



home affairs

Department:
Home Affairs
REPUBLIC OF SOUTH AFRICA

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

BIRTH CERTIFICATE

CHILD IDENTITY NUMBER: 2212270593089
SURNAME: NKOSI
FORENAMES: PEARL LEBONE

GENDER: FEMALE DATE OF BIRTH: 2022-12-27
PLACE OF BIRTH: SABIE
COUNTRY OF BIRTH: SOUTH AFRICA

MOTHER: IDENTITY NUMBER : 8908270718089

MAIDEN/SURNAME: MAOTO
FORENAMES: LUTECIA MMATHAPELO

DATE OF BIRTH: 1989-08-27
PLACE OF BIRTH: MATIBIDI
COUNTRY OF BIRTH: SOUTH AFRICA

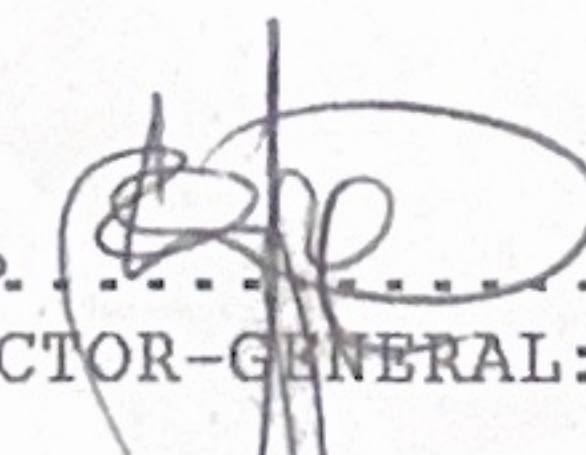
FATHER: IDENTITY NUMBER : 8511295473084

SURNAME: NKOSI
FORENAMES: ALBERT

DATE OF BIRTH: 1985-11-29
PLACE OF BIRTH: BUSHBUCKRIDGE
COUNTRY OF BIRTH: SOUTH AFRICA

ENDORSEMENTS:
NONE

DEPARTMENT OF HOME AFFAIRS	
:	PRIVATE BAG X1080
:	LYDENBURG 1120
:	2023 -01- 05
:	SMALL OFFICE
:	SABIE (03)
:	OFFICIAL DATE STAMP


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DIRECTOR-GENERAL: HOME AFFAIRS

DATE PRINTED: 20230105

ISSUED BY: YMN205



GEREGISTREERDE WOON- EN POSADRES

1. Bewaar die bewys van u GEREGISTREERDE WOON- EN POSADRES in hierdie sakkie.

2. Indien u van adres verander het, of indien besonderhede van u huidige adres, bv. straatnaam en/of -nommer, ens. verander het, moet die vorm KENNISGEWING VAN ADRESVERANDERING, wat in die sakkie agter in die identiteitsdokument is, gebruik word om die verandering aan te meld en moet dit ingedien word by of gepos word aan die naaste streek-/distrikkantoor van die DEPARTEMENT VAN BINNELANDSE SAKE.

REGISTERED RESIDENTIAL AND POSTAL ADDRESS

1. Keep the proof of your REGISTERED RESIDENTIAL AND POSTAL ADDRESS in this pocket.

2. If you have changed your address, or, if particulars of your present address, e.g. name of street and/or street number, etc., have been changed, the NOTICE OF CHANGE OF ADDRESS form in the pocket at the back of the identity document must be used to report the change and it must be handed in at or posted to the nearest regional/district office of the DEPARTMENT OF HOME AFFAIRS.

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I.D.No. 890827 0718 08 9



S. A. BURGER/S. A. CITIZEN

VAN/SURNAME

MAOTO

VOORNAME/FORENAMES

LUTECIA MMATHAPELO

GEBORTEDISTRIK OF LAND/
DISTRICT OR COUNTRY OF BIRTH

SOUTH AFRICA

GEBORTEDATUM/
DATE OF BIRTH

1989-08-27



DATUM UITGEREIK
DATE ISSUED

2005-10-18

UITGEREIK OP GESAG VAN DIE
DIREKTEUR-GENERAAL:
BINNELANDSE SAKE

ISSUED BY AUTHORITY OF THE
DIRECTOR-GENERAL:
HOME AFFAIRS

