

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:	Siphonazi Mataba	Date of Birth:	2110090702080
Age:	4 years	Gender:	Female
ID Number (if available):	2110090702080	Home Language:	Siswati
Current Class:		First Day of Attendance:	19 January 2026

### SECTION 2: Parent / Guardian Information

Parent/Guardian 1 - Full Name:	Veronica Segage	Relationship to Learner:	Mother
ID Number:	0109200806080	Occupation:	unemployed
Phone Number:	0649608105	Alternative Contact:	060 635 7469
Email Address:	veronicamombuso28@gmail.com	Residential Address:	Majisa
Parent/Guardian 2 - Full Name:	Lebohlang Given Samba	Relationship to Learner:	Father
ID Number:	9811255393085	Occupation:	Unemployed
Phone Number:	076 415 0043	Alternative Contact:	079 864 000
Email Address:		Residential Address:	Mshadza

### SECTION 3: Emergency & Medical Information

Emergency Contact Name:	060 635 7469	Contact Number:	
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):	Ritando
Transport Method (Parent/Transport/Walk):	Transport
If using school transport, Route/Driver Name:	Ritando

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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: V.S Date: 19/01/2026 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:

Malume Mtando

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: V.S Date: 19/01/2026

 **REPUBLIC OF SOUTH AFRICA**  
**NATIONAL IDENTITY CARD**

Surname  
**SEGAGE**  
Names  
**VERONICA**  
Sex  
**F**  
Nationality  
**RSA**  
Identity Number  
**0109200806300**  
Date of Birth  
**20 SEP 2001**  
Country of Birth  
**RSA**  
Status  
**CITIZEN**

  
Signature  
*V. Segage*



Conditions: Date of Issue:  
This card has been issued by the **06 APR 2019**  
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 60 11 50

  **110324429**



