

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:	Ngungu Lennon	Date of Birth:	2024-07-11
Age:	1	Gender:	Male
ID Number (if available):		Home Language:	Swati
Current Class:	0-18 months	First Day of Attendance:	21-01-2026

SECTION 2: Parent / Guardian Information

Parent/Guardian 1 - Full Name:	Mbalati Auspicious	Relationship to Learner:	Parent
ID Number:	960613 0600 088	Occupation:	—
Phone Number:	072 499 5774	Alternative Contact:	076 8182 431
Email Address:	↵	Residential Address:	
Parent/Guardian 2 - Full Name:	Ngungu Tsepo	Relationship to Learner:	Parent
ID Number:	891022 5505 082	Occupation:	Security
Phone Number:	076 8182 431	Alternative Contact:	072 499 5774
Email Address:		Residential Address:	Sandriver

SECTION 3: Emergency & Medical Information

Emergency Contact Name:		Contact Number:	
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):	Mbalati Auspicious 960613 0600 088
Transport Method (Parent/Transport/Walk):	Parent
If using school transport, Route/Driver Name:	

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SECTION 5: Consents

	Yes/No
I consent to medical treatment in case of emergency	✓
I allow my child to appear in group photos for internal use	✓
I confirm all information is true and correct	✓
I have received and understood the crèche rules and policies	✓

Parent/Guardian Signature:  Date: 20-01-2026 Admin Signature
Admin Signature (Office Use):  Date: 20-01-2026

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:

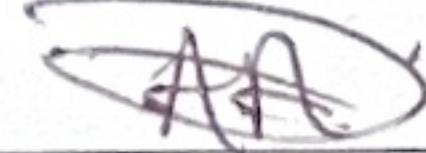
Sambo Sihembile

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: 20-01-2026

SUID AFRIKAANSE POLISIEDIENS
 VISPOL
 NELSPRUIT
 2026 -01- 16
 COMMUNITY SERVICE CENTRE
 NELSPRUIT
 SOUTH AFRICAN POLICE SERVICE

EK SERTIFISEER DAT HIERDIE 'N WARE AFDRUK (AFSKRIF) IS VAN DIE OORSPRONKLIKE DOKUMENT WAT AAN VIR WAARENMING VOORGELE IS. EK SERTIFISEER VERDER DAT, VOLGENS MY WAARNEMINGS, DAAR NIE 'N WYSIGNING OF VERANDERING OP DIE OORSPRONKLIKE DOKUMENT AANGEBRING IS NIE.
 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.

[Signature]
 HANDTEKENING/SIGNATURE

MAGSNOMMER/FORCE NUMBER 72544 RANG/RANK CS+
 NAAM IN DRUKSKRIF/NAME IN PRINT [Printed Name]

GEREGISTREERDE WOON- EN POSADRES

1. Bewaar die bewys van u GEGISTREERDE 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.

I.D.No. 891022 5505 08 2



S.A. BURGER/S. A. CITIZEN

VAN/SURNAME

NGUNGU

VOORNAME/FORENAMES

TSEPO VINCENT

GEBORTEDISTRIK OF LAND/
 DISTRICT OR COUNTRY OF BIRTH

SOUTH AFRICA

GEBORTEDATUM/
 DATE OF BIRTH

1989-10-22

DATUM UITGEREIK
 DATE ISSUED

2008-05-09



UITGEREIK OP BESAG VAN DIE
 DIREKTEUR-GENERAAL:
 BINNELANDSE SAKE

ISSUED BY AUTHORITY OF THE
 DIRECTOR-GENERAL
 HOME AFFAIRS



REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD

Surname:
MBALATI
Names:
AUSPICIOUS AMAZE
Sex:
F
Nationality:
RSA
Identity Number:
9606130600088
Date of Birth:
13 JUN 1996
Country of Birth:



Signature

Conditions: **ID**

RSA
Status:
CITIZEN of Issue:
28 JAN 2025

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 90

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