

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:		Date of Birth:	Lerumo Malope
Age:		Gender:	Male
ID Number (if available):		Home Language:	Siswati
Current Class:		First Day of Attendance:	9 February 2026

SECTION 2: Parent / Guardian Information

Parent/Guardian 1 - Full Name:		Relationship to Learner:	Nqobile Sambo
ID Number:		Occupation:	9904211307081
Phone Number:		Alternative Contact:	072 992 0857
Email Address:		Residential Address:	
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:		Contact Number:	
Relationship to Learner:		Family Doctor:	No
Doctor's Contact Number:		Medical Aid (Yes/No):	No
Medical Aid Name:		Medical Aid Number:	N/A
Allergies / Medical Conditions:			Oats
Medication currently taken:			No

SECTION 4: Collection & Transport

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

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SECTION 5: Consents

	Yes/No
I consent to medical treatment in case of emergency	No
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: 09/07/2026 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:

Brenda Mpofu


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

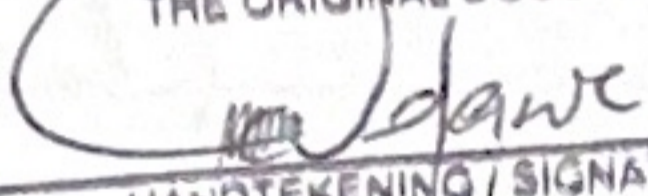
Signature of Parent/Guardian: _____ Date: _____


REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD

Surname: **MAHLAWELA**
 Names: **NQOBILE ZANDILE**
 Sex: **F**
 Nationality: **RSA**
 Identity Number: **9904211307081**
 Date of Birth: **21 APR 1999**
 Country of Birth: **RSA**
 Status: **CITIZEN**


 Signature: *MAHLAWELA*

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.


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MAGS NOMMER / FORCE NUMBER 2133804-3 RANG / RANK Sgt

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C.S.C




2022 -05- 03

HAZYVIEW

SOUTH AFRICAN POLICE SERVICE

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3. Protection from preventable childhood diseases and injuries

Children should NOT only be taken to the clinic when they are ill. You should also take your child for their full course of immunisations/vaccines and routine treatments according to the timetables on pages 27 and 28.

- Immunisations are free. They protect your baby from common childhood illnesses and disease. Make sure your baby gets all his or her immunisations.
- Go to the clinic for your follow-up visits for you and your baby within six days of birth and at six weeks.
- Make sure that you know when your baby needs to return to the clinic for immunisations or other care. If you miss the date for your clinic visit, make sure that you return as soon as possible.
- If you are HIV positive, get your baby tested for HIV at birth and at 10 weeks.
- All children between 6 months and five years should receive Vitamin A and deworming medicines every six months. This helps to keep them healthy.
- Remember to wash your hands after using the toilet, changing nappies, before preparing meals and before feeding children. Wash your hands properly - wash both sides of your hands, between your fingers and your wrists with soap and clean water.
- Many serious injuries can be prevented if parents and other caregivers supervise young children carefully and keep their environment safe.
- A child should not be left unattended or unsupervised. Make sure that there is always a responsible adult taking care of your child and that you know where your child is at all times.
- Protect yourself too. Decide on a contraceptive method of choice and also use male or female condoms to prevent both unplanned pregnancy and sexually transmitted infections (dual protection).
- Good oral health will keep your child's teeth healthy and strong and prevent unnecessary pain and discomfort.

For Health Workers...

- Remember that every visit to the health facility is a chance to provide preventive health services and health promotion.
- Check the child's nutritional status and whether any immunisation or treatment is due.
- Show the caregiver proper hand washing.
- Always give the caregiver a date for their baby's next visit to the clinic.
- Remember to urgently notify your EPI co-ordinator of any cases of Acute Flaccid Paralysis (AFP) or suspected measles, as well as adverse events after immunisation (including mild fever and minor local reactions).

Immunisations

EPI (Expanded Programme of Immunisation) Schedule

Child's Name	Age	Vaccine	Route & Site	Batch no.	Date given	Signature
Lenuwo Nyalalaka	Child's Date of Birth				10/01/22	
	Birth	BCG	Intradermal Right arm	050120	13/01/22	[Signature]
		OPV0	Oral	130165	13/01/22	[Signature]
		OPV1	Oral	130165	20/01/22	[Signature]
		Rotavirus 1	Oral	130165	21/01/22	[Signature]
	6 weeks	PCV1	IM Right thigh	015020	01/02/22	[Signature]
		Hexavalent (DTaP-IPV-Hib-HBV)1	IM Left thigh	130165	02/02/22	[Signature]
	10 weeks	Hexavalent (DTaP-IPV-Hib-HBV)2	IM Left thigh	130165	23/02/22	[Signature]
		Rotavirus 2	Oral	130165	24/02/22	[Signature]
	14 weeks	PCV2	IM Right thigh	015020	02/03/22	[Signature]
		Hexavalent (DTaP-IPV-Hib-HBV)3	IM Left thigh	130165	02/03/22	[Signature]
	6 months	Measles 1	S/C Left thigh	2501920	02/03/22	[Signature]
	9 months	PCV 3	IM Right Thigh	015020	02/03/22	[Signature]
	12 months	Measles 2	S/C Right arm			
18 months	Hexavalent (DTaP-IPV-Hib-HBV)4	IM Left arm				
6 years	Td	IM Left arm				
12 years	Td	IM Left arm				
Additional Vaccinations						
Girls 9 years and older	HPV1	IM Non-dominant arm				
	HPV2					



home affairs

Department:
Home Affairs
REPUBLIC OF SOUTH AFRICA

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

BIRTH CERTIFICATE

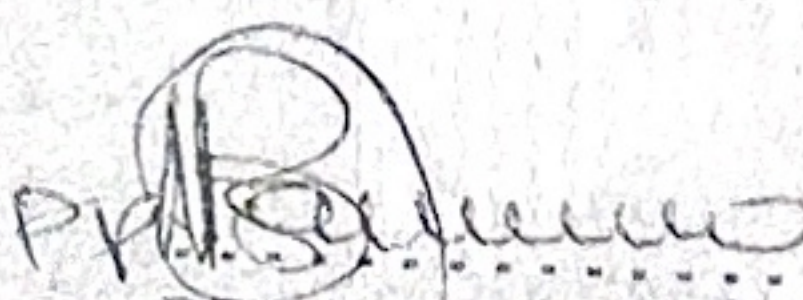
CHILD SURNAME: MALOPE
 CHILD FORENAMES: LERUMO KGOTSOFATSO JAFTER
 IDENTITY NUMBER: 2201106563085

GENDER: MALE
 DATE OF BIRTH: 2022-01-10
 PLACE OF BIRTH: MKHUHLU
 COUNTRY OF BIRTH: SOUTH AFRICA

MOTHER: IDENTITY NUMBER : 9904211307081
 MAIDEN/SURNAME: MAHLAWELA
 FORENAMES: NQOBILE ZANDILE
 DATE OF BIRTH: 1999-04-21
 PLACE OF BIRTH: NELSPRUIT
 COUNTRY OF BIRTH: SOUTH AFRICA

FATHER: IDENTITY NUMBER : 9708286335087
 SURNAME: MALOPE
 FORENAMES: PROUDY LEBOGANG
 DATE OF BIRTH: 1997-08-28
 PLACE OF BIRTH: NELSPRUIT
 COUNTRY OF BIRTH: SOUTH AFRICA

ENDORSEMENTS:
 REGISTERED BY BOTH PARENTS.


 DIRECTOR-GENERAL: HOME AFFAIRS

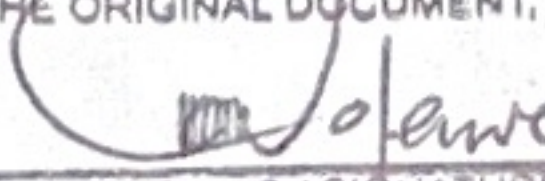
DATE PRINTED: 20220422

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DEPARTMENT OF HOME AFFAIRS
 10 THEO KLEYNHANS STREET
 WHITE RIVER 1240
 2022-04-22
 LOCAL OFFICE: WHITE RIVER
 OFFICIAL BIRTH STAMP



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