

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:	LWANDILE MASUKU	Date of Birth:	2022-01-18
Age:	4	Gender:	Female
ID Number (if available):	2201180738087	Home Language:	Siswati
Current Class:	Pre-School	First Day of Attendance:	Next Months

SECTION 2: Parent / Guardian Information

Parent/Guardian 1 - Full Name:	Masuku Mbali	Relationship to Learner:	Mother
ID Number:	9912050499083	Occupation:	
Phone Number:	060 864 3434	Alternative Contact:	076 547 8096
Email Address:	N/A	Residential Address:	Stand no: 528 Sandriver
Parent/Guardian 2 - Full Name:	Mkhatswa Nkwe	Relationship to Learner:	Grandmother
ID Number:	911020853087	Occupation:	
Phone Number:	076 340 9489	Alternative Contact:	076 547 8096
Email Address:	Nkwe Mkhatswa 779	Residential Address:	Stand no 528 Sandriver

SECTION 3: Emergency & Medical Information

Emergency Contact Name:	Mbali Masuku	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

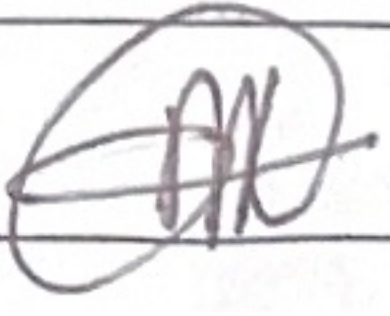
Authorized Persons to Fetch Learner (Name & ID):	Smanga
Transport Method (Parent/Transport/Walk):	Transport
If using school transport, Route/Driver Name:	Smanga

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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:  Date: 27-01-2026 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:

Mkhatsiwa Hellen

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: 27-01-2026

Clinic Visits

Age	Date	Feeding advice p4	Growth monitoring p9	Development p23	Head circumference p25	Immunisation p27	Vitamin A p28	Deworming p28	Oral Health p29	TB screen p40	Consider HIV p40	Next date
3 - 6 days	04/01/2022	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	01/03/2022
6 weeks	01/03/2022	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	29/03/2022
10 weeks	29-3-2022	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	20-04-22
14 weeks	25/04/22	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	18/01/22
4 months		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
5 months		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
6 months	18/02/22	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	18/02/22
7 months		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
8 months		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	01
9 months	18/10/2022	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	18/10/23
10 months		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	01/02/23
11 months		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
12 months	01.2.23	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	18.08.23
14 months		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
16 months		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
18 months	18.08.23	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	20.02.24
20 months		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
22 months		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
2 years	18/01/2024	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	18/01/2024
2 and a half years	09/02/24	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	12/02/24
3 years	02/03/11	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	18/03/21
3 and a half years		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
4 years		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
4 and a half years		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
5 years		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
6 years		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
12 years		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	

tick once done

Not in schedule

Danger signs!

Take your child to the nearest clinic if you see any of the following.



Child is coughing and breathing fast (more than 50 breaths per minute)



Child under 2 months old has a fever and is not feeding



Child is vomiting everything



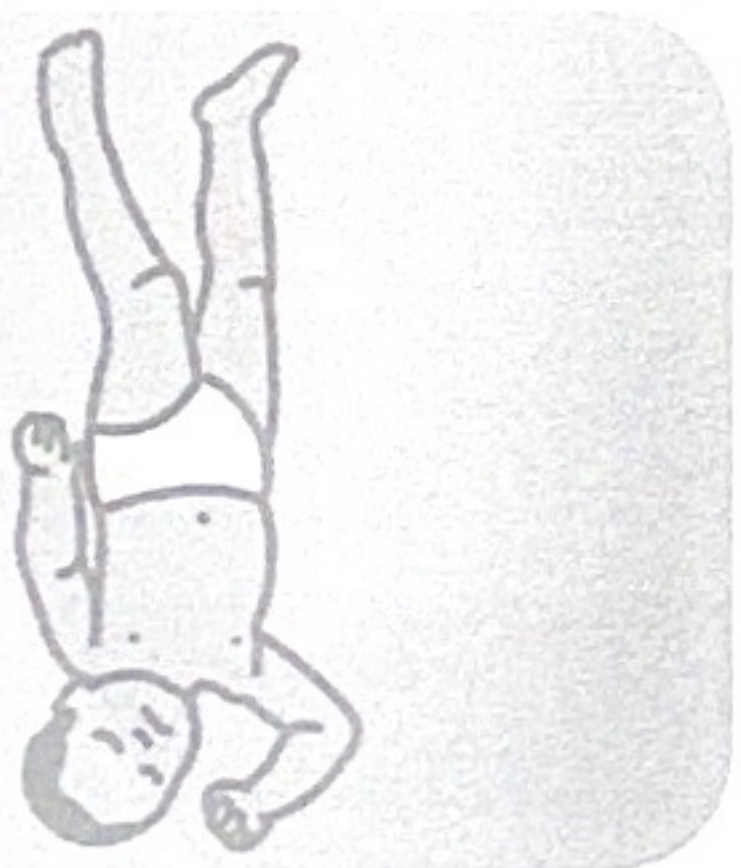
Child has diarrhoea (?) sunken eyes, and a sunken fontanelle



Child is shaking (convulsions) (?)



Child has signs of malnutrition (?) (swollen ankles and feet)



Child is not moving or does not wake up



Child is unable to breastfeed



REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD

Surname:
MASUKU

Names:
MBALI

Sex:
F

Nationality:
RSA

Identity Number:
9912050499083

Date of Birth:
05 DEC 1999

Country of Birth:
RSA

Status:
CITIZEN



Signature:

M. Masuku



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 80 11 90

Date of issue:

11 SEP 2018

108653256





home affairs

Department:
Home Affairs
REPUBLIC OF SOUTH AFRICA

H 4339313

83/DHA - 5

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

BIRTH CERTIFICATE

CHILD IDENTITY NUMBER: 2201180730087
 SURNAME: MASUKU
 FORENAMES: LWANDILE HLELOKUNHLE

GENDER: FEMALE DATE OF BIRTH: 2022-01-18
 PLACE OF BIRTH: MATIKWANA
 COUNTRY OF BIRTH: SOUTH AFRICA

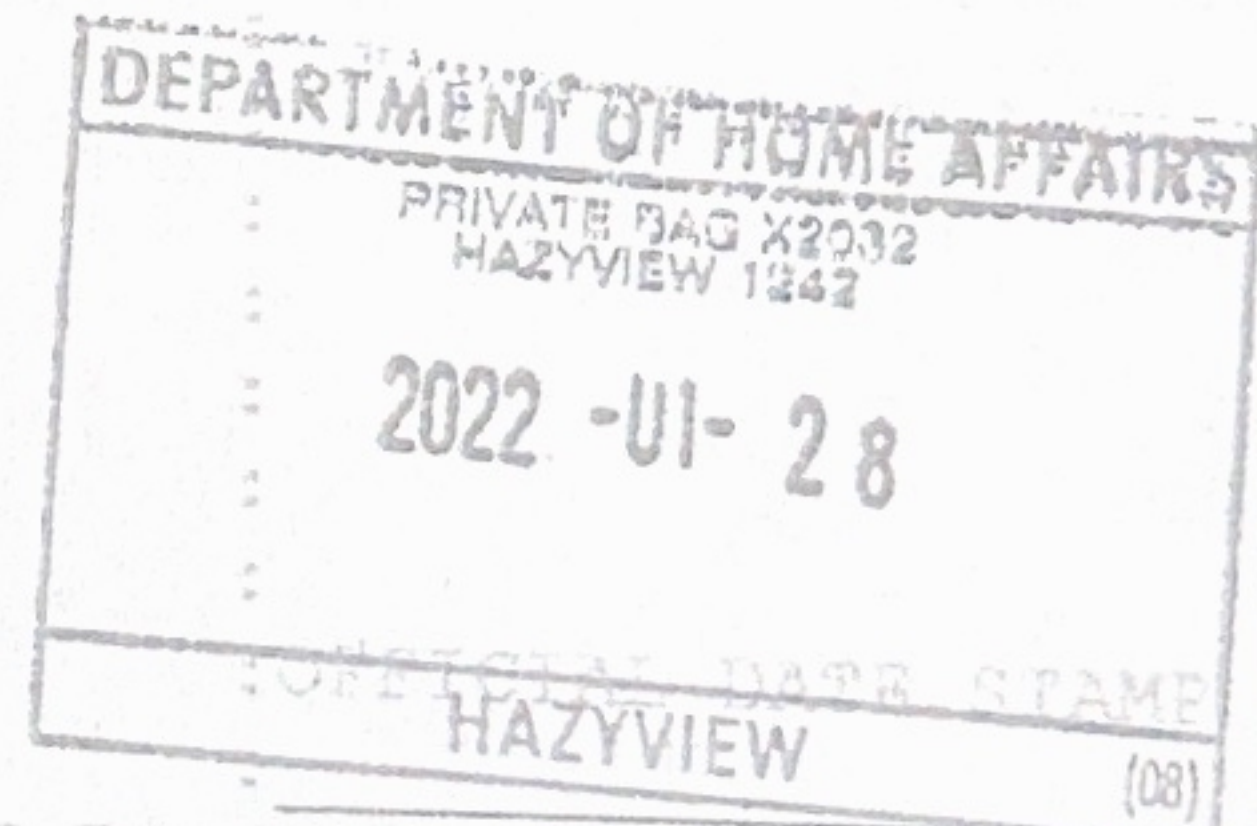
MOTHER: ID NUM/TRAVEL DOC: 9912050499083
 MAIDEN/ SURNAME: MASUKU
 FORENAMES: MBALI

DATE OF BIRTH: 1999-12-05
 PLACE OF BIRTH: MATIKWANA
 COUNTRY OF BIRTH: SOUTH AFRICA

FATHER: ID NUM/TRAVEL DOC:
 SURNAME: _____
 FORENAMES: _____

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

ENDORSEMENTS:
 NONE



P. M. M. M.
 DIRECTOR-GENERAL: HOME AFFAIRS

DATE PRINTED: 20220128

ISSUED BY: YBV242

