

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:	Princess S Mashogo	Date of Birth:	2021/12/09
Age:	4	Gender:	Female
ID Number (if available):	2112090570087	Home Language:	Siswati
Current Class:		First Day of Attendance:	

### SECTION 2: Parent / Guardian Information

Parent/Guardian 1 - Full Name:	Julia Mkhare	Relationship to Learner:	Mother
ID Number:	8007270674085	Occupation:	Self employer
Phone Number:	0764722646	Alternative Contact:	
Email Address:		Residential Address:	Sandriver Trust
Parent/Guardian 2 - Full Name:	Godfrey Z Mashogo	Relationship to Learner:	Father
ID Number:	6307255278080	Occupation:	Security
Phone Number:	0711725219	Alternative Contact:	
Email Address:		Residential Address:	Sandriver Trust

### SECTION 3: Emergency & Medical Information

Emergency Contact Name:	Julia Mkhare	Contact Number:	0764722646
Relationship to Learner:	Mother	Family Doctor:	X
Doctor's Contact Number:	X	Medical Aid (Yes/No):	X
Medical Aid Name:	X	Medical Aid Number:	X
Allergies / Medical Conditions:	X		X
Medication currently taken:	X		

### SECTION 4: Collection & Transport

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

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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: J. M. Care

Date: 14/01/2026

Admin Signature

Admin Signature (Office Use): [Signature]

Date: 14/01/2026

### 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:

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: JM

Date: 13/01/2026

This book is provided at birth by staff at the health facility.  
If birth takes place at home this book must be given the first  
time a health worker sees the baby.

This book is **FREE** to ALL BABIES in both public and private  
health care. It must be replaced for free if lost or damaged.

## This book belongs to:

Place a picture here

MPHI, MALANGA PROVINCIAL GOVERNMENT	TEMPOLO HEALTH 11 DEC 2021	THEMBA HOSPITAL PATIENT ADI S/POS P. BAG/P/S KABOKWENI
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CHILD'S NAME:	P R I N C E S S I P H O S E T H U												
CHILD'S SURNAME:	M A S H E Q U												
DATE OF BIRTH:	20 12 21 - 11 - 09												
CHILD'S ID NUMBER:	2 1 1 2 0 9 0 5 7 0 0 8 7												
BIRTH WEIGHT:	4459 g						GESTATIONAL AGE:	± 39					
MOTHER'S NAME:	Julia mkare						FATHER'S NAME:						
MOTHER'S CONTACT DETAILS:	0764622646						FATHER'S CONTACT DETAILS:						

# BIRTH CERTIFICATE

CHILD IDENTITY NUMBER: 2112090570087  
SURNAME: MASHEGO  
FORENAMES: PRINCESS SIPHOSETHU

GENDER: FEMALE DATE OF BIRTH: 2021-12-09  
PLACE OF BIRTH: KABOKWENT  
COUNTRY OF BIRTH: SOUTH AFRICA

MOTHER: IDENTITY NUMBER : 8007270674085

MAIDEN/SURNAME: MKARE  
FORENAMES: JULIA

DATE OF BIRTH: 1980-07-27  
PLACE OF BIRTH: MKHUHLU  
COUNTRY OF BIRTH: SOUTH AFRICA

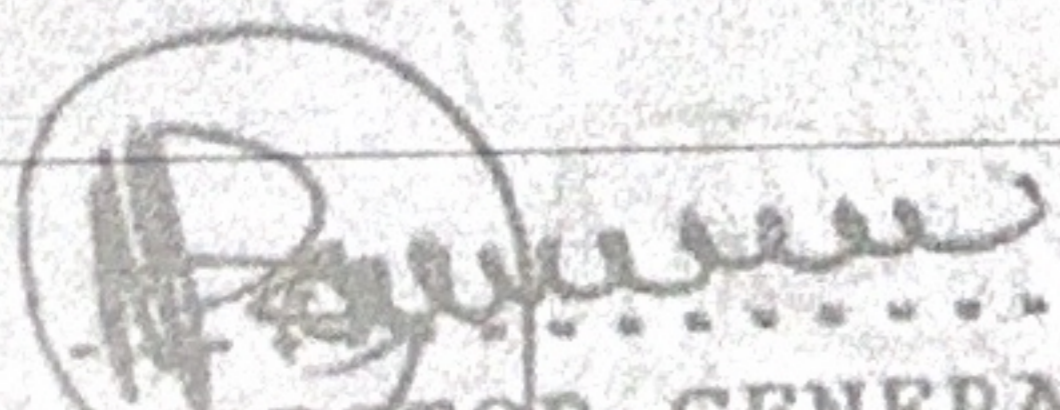
FATHER: IDENTITY NUMBER : 6307255278080

SURNAME: MASHEGO  
FORENAMES: ZEPHANIAH COLLEBY

DATE OF BIRTH: 1963-07-11  
PLACE OF BIRTH: MATIKA  
COUNTRY OF BIRTH: SOUTH AFRICA

ENDORSEMENTS:  
CHILD REGISTERED BY BOTH PARENTS

DEPARTMENT OF HOME AFFAIRS  
10 THEO KLEYNHANS STR  
WHITE RIVER 1240  
2021-12-17  
LOCAL OFFICE: WHITE RIVER  
OFFICIAL

  
DIRECTOR-GENERAL: HOME AFFAIRS

DATE PRINTED: 20211217



ISSUED BY: YMD204