

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:	Simthandile Fakude	Date of Birth:	13-10-21
Age:	4 years	Gender:	Female
ID Number (if available):	2110131165081	Home Language:	Siswati
Current Class:	-	First Day of Attendance:	26 January 2026

SECTION 2: Parent / Guardian Information

Parent/Guardian 1 - Full Name:	Nomaswazi Fakude	Relationship to Learner:	Mother
ID Number:	91608260997086	Occupation:	Dei Assistant
Phone Number:	072 266 1186	Alternative Contact:	076 322 9420
Email Address:	nomaswazidomacia@gmail.com	Residential Address:	108 Sandriver Trust
Parent/Guardian 2 - Full Name:	Muzi Cibi	Relationship to Learner:	Father
ID Number:	9706132856085	Occupation:	Unemployed
Phone Number:	082 795 7241	Alternative Contact:	066 53 99987
Email Address:	muzifran563@gmail.com	Residential Address:	356 Sandriver Trust

SECTION 3: Emergency & Medical Information

Emergency Contact Name:	Lungile	Contact Number:	076 322 9420
Relationship to Learner:	Grandmother	Family Doctor:	N/A
Doctor's Contact Number:	N/A	Medical Aid (Yes/No):	NO
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):	
Transport Method (Parent/Transport/Walk):	Transport
If using school transport, Route/Driver Name:	Morgan Lawrence

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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: [Signature] Date: 26-01-26 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:

Zinhle Fakude

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: [Signature] Date: 26-01-26

Clinic Visits

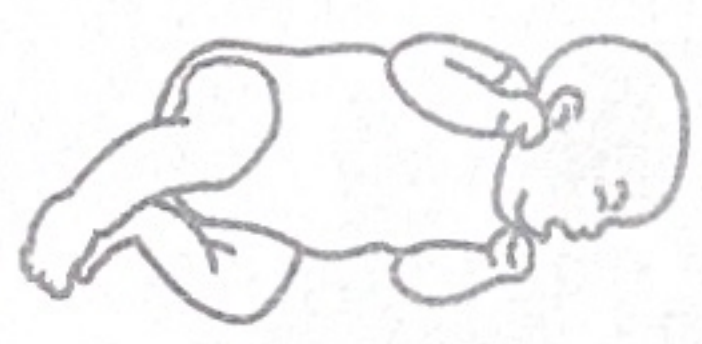
Age	Date	Feeding advice p4	Growth monitoring p9	Development p23	Head circumference p25	Immunisation p27	Vitamin A p28	Deworming p28	Oral Health p29	TB screen p40	Consider HIV p40	Next date
3 - 6 days	18/10/2021	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	24/11/2021
5 weeks	24/11/21	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	22/12/2021
10 weeks	22/12/21	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	19/1/2022
14 weeks	19/01/2022	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	13/04/2022
4 months												
5 months												
6 months	13/04/2022	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	13/07/2022
7 months												
8 months												
9 months	13/7/22	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	13/10/2022
10 months												
11 months												
12 months	12/10/23	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	8/12/23
14 months												
16 months												
18 months												
20 months												
22 months												
2 years	12/10/23	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	13/10/25
2 and a half years	12/10/23	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	13/10/25
3 years	14/10/24	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	14/11/25
3 and a half years	14/10/24	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	13/10/25
4 years	13/10/25	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	13/04/26

Danger signs!

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



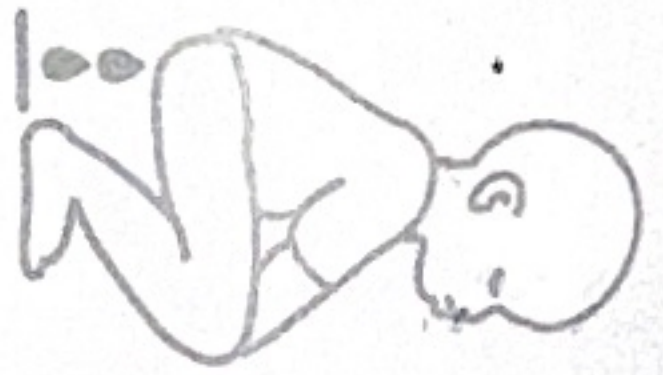
Child is coughing and breathing fast (more than 50 breaths per minute)



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



Child is vomiting everything



Child has diarrhoea (3) sunken eyes, and a sunken fontanelle



Child is shaking (convulsions) (3)



Child has signs of malnutrition (3) (swollen ankles and feet)



Child's protruding abdomen



Child's swollen abdomen

202890941

27 SEP 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 85 11 36



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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: FAKUDE
FORENAMES: NALEDI SIMTHANDILE AMAYA
IDENTITY NUMBER: 2110131165081
GENDER: FEMALE
DATE OF BIRTH: 2021-10-13
PLACE OF BIRTH: MATIKWANA
COUNTRY OF BIRTH: SOUTH AFRICA

MOTHER: ID NUM/TRAVEL DOC: 9608260997086

MAIDEN/SURNAME: FAKUDE
FORENAMES: NOMASWAZI DONACIA

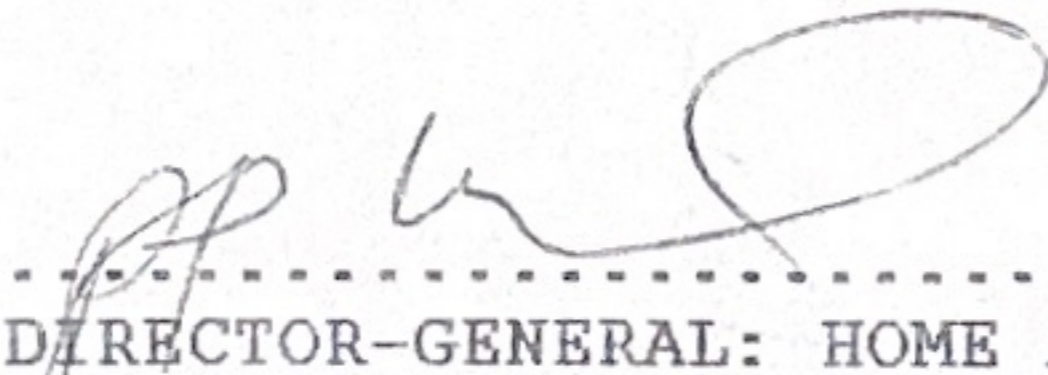
DATE OF BIRTH: 1996-08-26
PLACE OF BIRTH: MATIKWANA
COUNTRY OF BIRTH: SOUTH AFRICA

FATHER: ID NUM/TRAVEL DOC:

SURNAME: _____
FORENAMES: _____

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

ENDORSEMENTS:
NONE


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DIRECTOR-GENERAL: HOME AFFAIRS

DEPARTMENT OF HOME AFFAIRS
PRIVATE BAG 20032
HAZYVIEW, 1342
2021-11-08
OFFICIAL DATE STAMP (06)

DATE PRINTED: 20211108

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