

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:	Fantomo Leroya	Date of Birth:	2022-10-31
Age:	3	Gender:	Female
ID Number (if available):	221031 1090 089	Home Language:	Siswati
Current Class:	00	First Day of Attendance:	10/1/2026

### SECTION 2: Parent / Guardian Information

Parent/Guardian 1 - Full Name:	Nonyana Londiwe	Relationship to Learner:	Mother
ID Number:	030516 117688	Occupation:	—
Phone Number:	082 849 03 81	Alternative Contact:	076105 2208
Email Address:	chamainnonyana@gmail.com	Residential Address:	Sandriver Trust
Parent/Guardian 2 - Full Name:	Betty Mollali	Relationship to Learner:	
ID Number:		Occupation:	—
Phone Number:	0711 620 229	Alternative Contact:	
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):	Malume Mtando
Transport Method (Parent/Transport/Walk):	
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	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: 16/09/2025 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:**

Sithembile Sambo

**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: 16/09/2025


**REPUBLIC OF SOUTH AFRICA**  
**NATIONAL IDENTITY CARD**

Surname:  
**NONYANA**  
 Names:  
**LONDIWE CHAMAIN**  
 Sex:  
**F**  
 Nationality:  
**RSA**  
 Identity Number:  
**0305161167088**  
 Date of Birth:  
**16 MAY 2003**  
 Country of Birth:  
**RSA**  
 Status:  
**CITIZEN**

  
 Signature:  




Conditions:
 Date of Issue:  
27 FEB 2020

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 0900 90 11 90



113677273







home affairs

Department:  
Home Affairs  
REPUBLIC OF SOUTH AFRICA

H 6266582

83/DHA - 5

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

# BIRTH CERTIFICATE

CHILD IDENTITY NUMBER: 2210311091089  
SURNAME: FANKOMO  
FORENAMES: LAZOYA NKOSENHLE

GENDER: FEMALE DATE OF BIRTH: 2022-10-31  
PLACE OF BIRTH: SABIE HOSPITAL  
COUNTRY OF BIRTH: SOUTH AFRICA

MOTHER: IDENTITY NUMBER : 0305161167088

MAIDEN/SURNAME: NONYANA  
FORENAMES: LONDIWE CHAMAIN

DATE OF BIRTH: 2003-05-16  
PLACE OF BIRTH: WHITE RIVER  
COUNTRY OF BIRTH: SOUTH AFRICA

FATHER: IDENTITY NUMBER : 0303205954082

SURNAME: FANKOMO  
FORENAMES: EBEN MAZWI

DATE OF BIRTH: 2003-03-20  
PLACE OF BIRTH: WHITE RIVER  
COUNTRY OF BIRTH: SOUTH AFRICA

ENDORSEMENTS:  
NONE

DEPARTMENT OF HOME AFFAIR
PRIVATE BAG X2082 HAZYVIEW 1242
2022 -11- 24
OFFICE HAZYVIEW STAMP (C)

*ESTIMANEWA*  
DIRECTOR-GENERAL: HOME AFFAIRS

DATE PRINTED: 20221124

ISSUED BY: YEV244

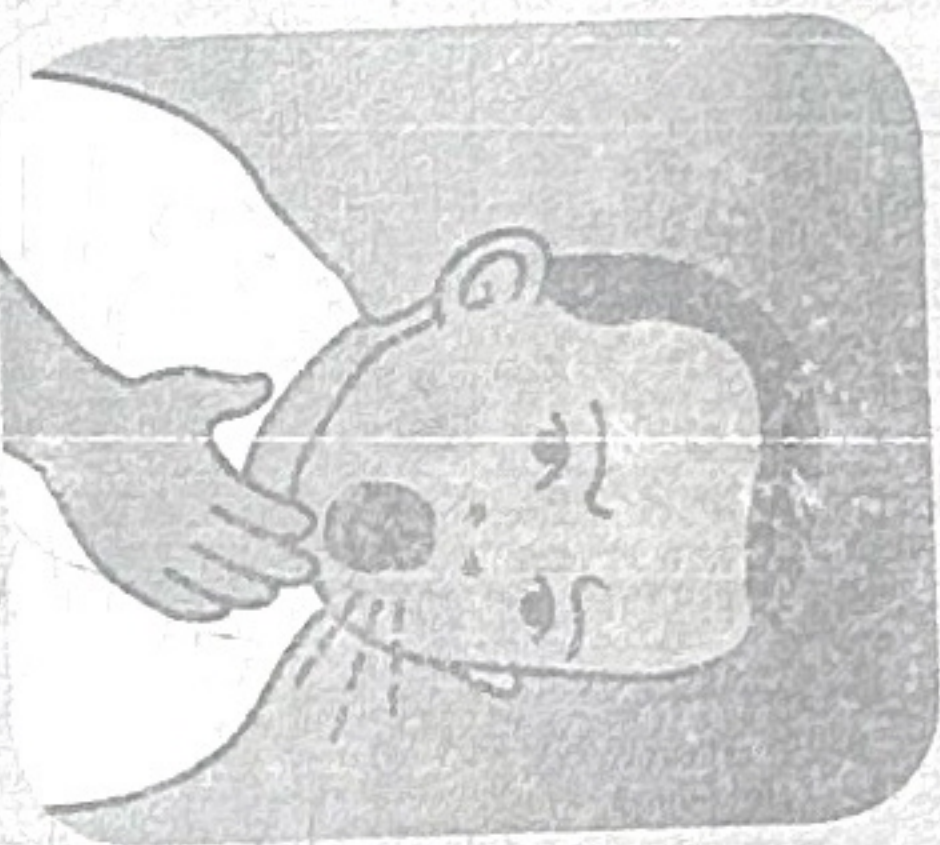


# Clinic Visits

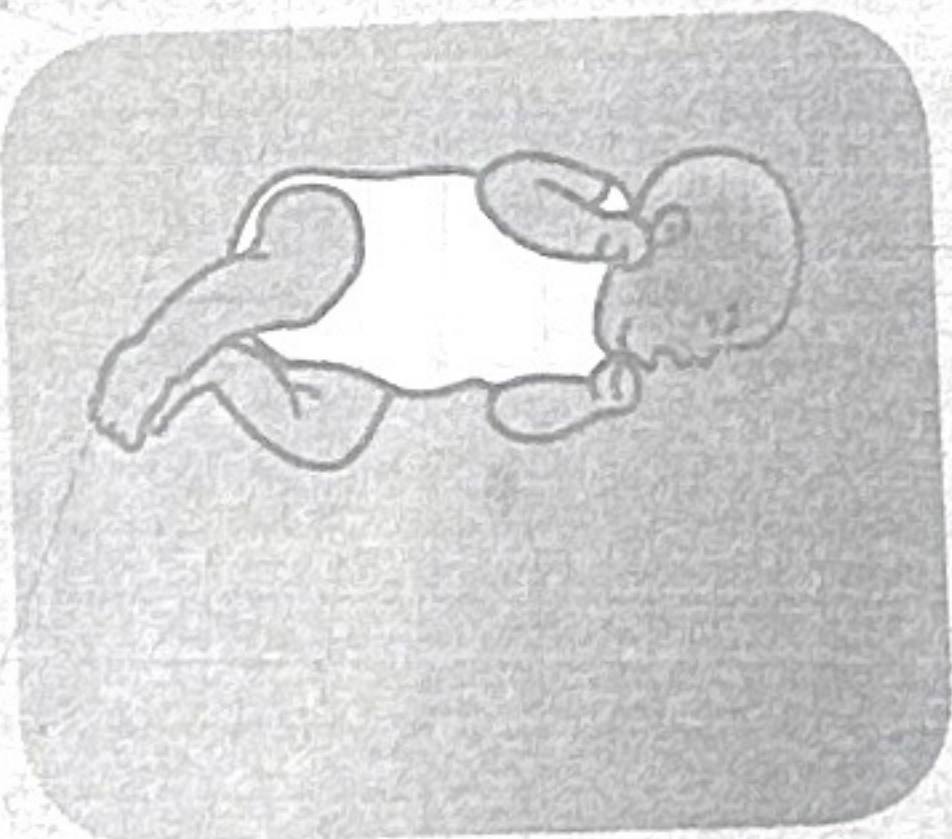
Age	Date	Feeding advice p4	Growth monitoring p9	Development p23	Head circumference p25	Immunisation p27	Vitamin A p28	Deworming p28	Oral Health p29	TB screen p40	Consider HIV p40	Next date
3-6 days	30.11.20	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	7.01.21
5 weeks	7/11/2021	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	4/2/2021
10 weeks	4/2/2021	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	4/3/2021
14 weeks	24/03/2021	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	26/05/2021
4 months												
5 months												
6 months	26/05/21	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	26/08/2021
7 months												
8 months												
9 months	26/8/2021	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	26/11/2021
10 months												
11 months												
12 months	26/11/2021	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	26/05/2022
14 months												
16 months												
18 months	26/15/22	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	28/7/2022
20 months	26/7/22	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	27/9/2022
22 months	26/9/22	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	26/11/2022
2 years	25/1/2023	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	26/5/2023
2 and a half years	7/6/2023	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	13/11/2023
3 years												
3 and a half years	19/5/2024	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	26/11/2024
4 years												
4 and a half years												
5 years												
6 years												
12 years												

## Danger signs!

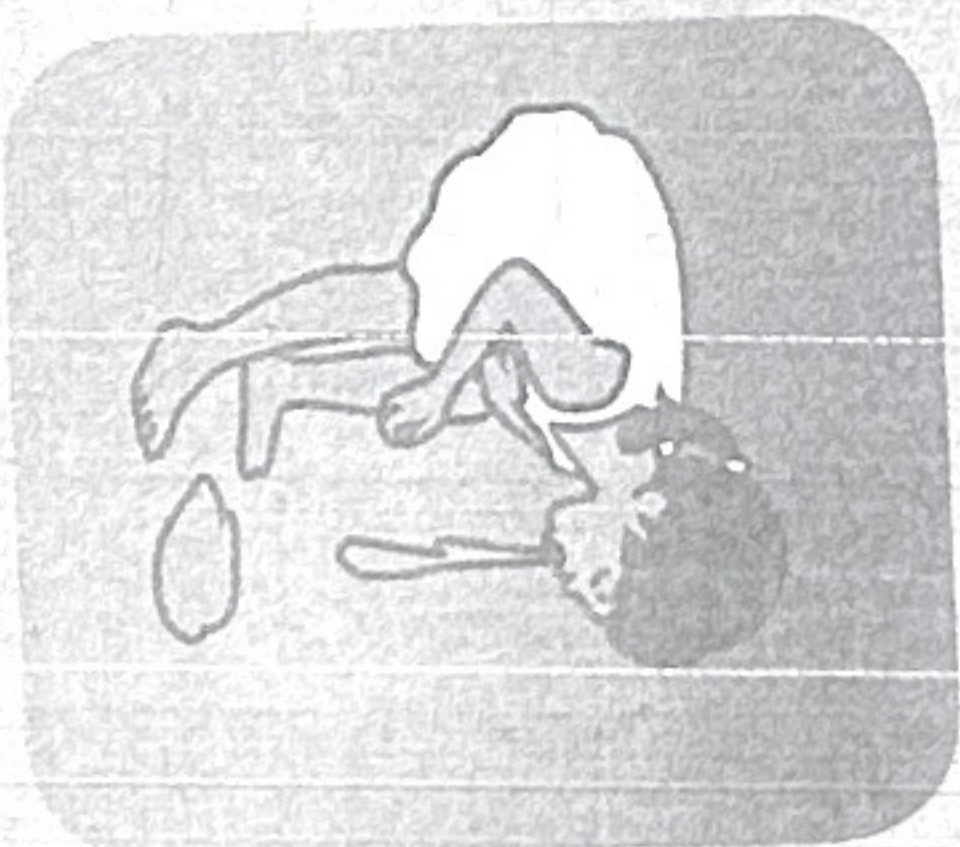
Take your child to the nearest clinic if you see any of the following.



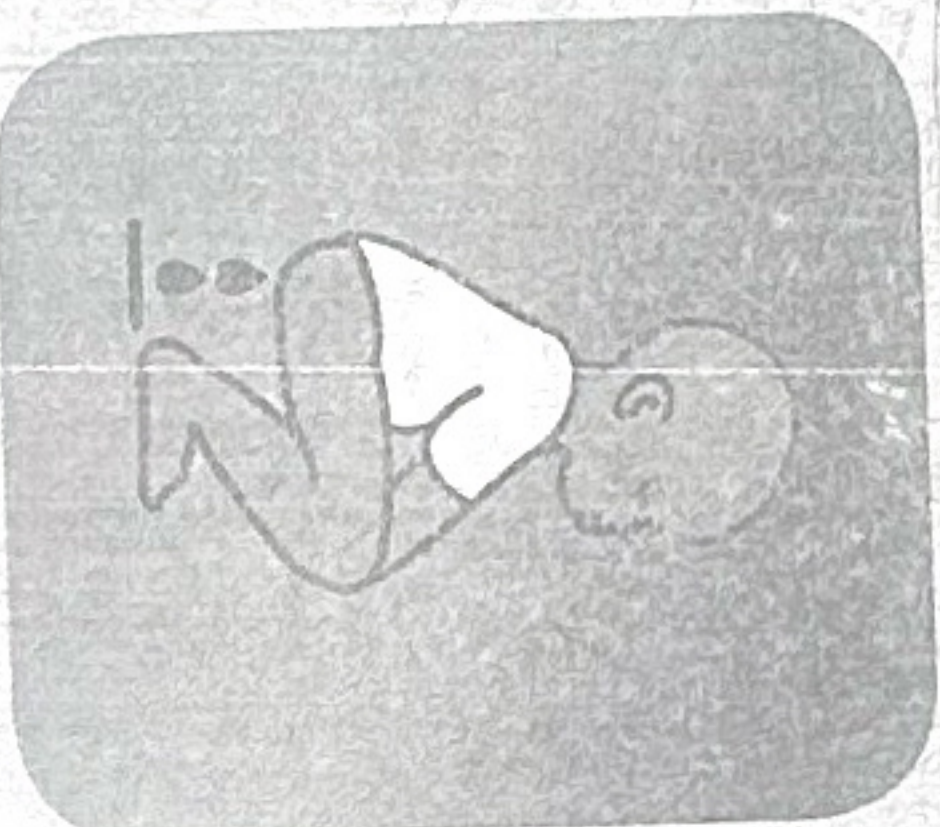
Child is coughing and breathing fast (more than 50 breaths per minute)



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



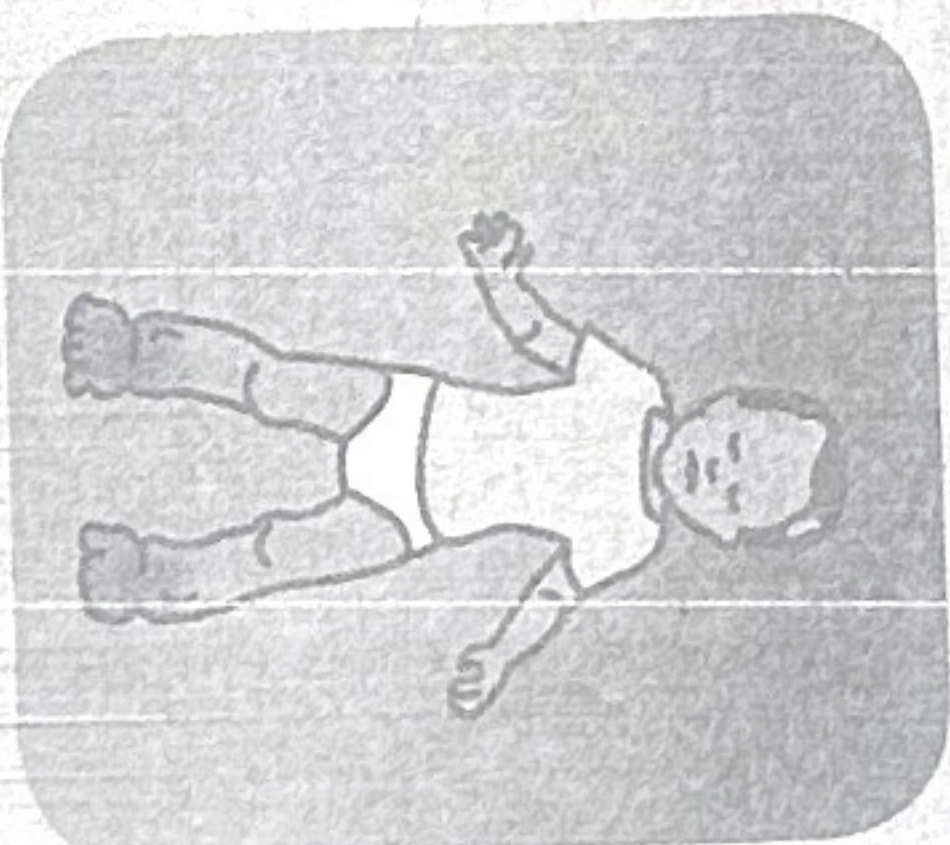
Child is vomiting everything



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