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

BETHEL ABC CRÈCHE & PRE-SCHOOL
EXCELLENCE IS HERE

SECTION 1: Learner Details

Full Name:	Nkehle	Date of Birth:	2021/08/11
Age:	4	Gender:	Female
ID Number (if available):	210811 0944088	Home Language:	Siswati
Current Class:		First Day of Attendance:	

SECTION 2: Parent / Guardian Information

Parent/Guardian 1 - Full Name:	Nelisiwe	Relationship to Learner:	Mother
ID Number:	8501110946083	Occupation:	
Phone Number:	0729471291	Alternative Contact:	072 947 1291
Email Address:		Residential Address:	
Parent/Guardian 2 - Full Name:	Salming	Relationship to Learner:	Sister
ID Number:	061223 0910087	Occupation:	
Phone Number:	064 844 6124	Alternative Contact:	064 844 6124
Email Address:	Salminamundlo130	Residential Address:	

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):	Sakhile 081 0044375
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: _____ Date: 13/01/2026 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 Sthembile Sambo

☐ 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:

Sthembile Sambu

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:** 13/01/2026

LIG 520

GEREGISTREERDE WOON- EN POSADRES

1. Bewaar die bewys van u GEREGISTREERDE WOON- EN POSADRES in hierdie sakkie.

2. Indien u van adres verander het, of indien besonderhede van u huidige adres, bv. straatnaam en/of -nommer, ens. verander het, moet die vorm KENNISGEWING VAN ADRESVERANDERING, wat in die sakkie agter in die identiteitsdokument is, gebruik word om die verandering aan te meld en moet dit ingedien word by of gepos word aan die naaste streek-/distrikkantoor van die DEPARTEMENT VAN BINNELANDSE SAKE.

REGISTERED RESIDENTIAL AND POSTAL ADDRESS

1. Keep the proof of your REGISTERED RESIDENTIAL AND POSTAL ADDRESS in this pocket.

2. If you have changed your address, or, if particulars of your present address, e.g. name of street and/or street number, etc., have been changed, the NOTICE OF CHANGE OF ADDRESS form in the pocket at the back of the identity document must be used to report the change and it must be handed in at or posted to the nearest regional/district office of the DEPARTMENT OF HOME AFFAIRS.

1

I.D.No. 850111 0946 08 3

S.A.BURGER/S.A.CITIZEN

VAN/SURNAME
THEKO

VOORNAME/FORENAMES
NELISIWE NOBUHLE

GEBOORTEDISTRIK OF-LAND/
DISTRICT OR COUNTRY OF BIRTH
SOUTH AFRICA

GEBOORTEDATUM/
DATE OF BIRTH
1985-01-11

DATUM UITGEREIK
DATE ISSUED
2003-09-22

UITGEREIK OP GESAG VAN DIE DIREKTEUR-GENERAAL: BINNELANDSE SAKE

ISSUED BY AUTHORITY OF THE DIRECTOR-GENERAL: HOME AFFAIRS

home affairs

Department:
Home Affairs
REPUBLIC OF SOUTH AFRICA

H 4340152

83/DHA - 5

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

BIRTH CERTIFICATE

CHILD IDENTITY NUMBER: 2108110944088
SURNAME: THEKO
FORENAMES: MINEHLE MERRY

GENDER: FEMALE DATE OF BIRTH: 2021-08-11
PLACE OF BIRTH: MATIKWANA
COUNTRY OF BIRTH: SOUTH AFRICA

MOTHER: ID NUM/TRAVEL DOC: 8501110946083

MAIDEN/SURNAME: THEKO
FORENAMES: NELISIWE NOBUHLE

DATE OF BIRTH: 1985-01-11
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

DEPARTMENT OF HOME AFFAIRS
PRIVATE BAG X2052
HAZYVIEW 1242
2021 -08- 26
OFFICIAL DATE STAMP

DIRECTOR-GENERAL: HOME AFFAIRS

DATE PRINTED: 20210826 ISSUED BY: YEV262

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: Merry Theko

Place a picture of yo

MPUMALANGA PROVINCIAL GOVERNMENT
DEPT OF HEALTH & SOCIAL SERVICE
MATIKWANA HOSPITAL
CORPERATE SERVICE
13 AUG 2021
PRIVATE BAG X3007, MKHUHLU 1246
EHLANZENI DISTRICT

CHILD'S NAME:	Nhlanhla Merry		
CHILD'S SURNAME:	Theko		
DATE OF BIRTH:	2021-08-11		
CHILD'S ID NUMBER:	2108110944088		
BIRTH WEIGHT:	2160g	GESTATIONAL AGE:	Term
MOTHER'S NAME:	Nhlanhla Theko	FATHER'S NAME:	
MOTHER'S CONTACT DETAILS:	0729478291	FATHER'S CONTACT DETAILS:	

169-485-8851
Sib21/340
575/22
135-500-854
2675
1914/21
Shabalala. 20651

Side-by-Side on the road to health

This book is for you and your child's health worker. It gives you advice on how to raise a happy, healthy child. It is also a record of your child's growth and development, and is used by health workers to make sure that every child gets the care that they need at the right time.

For your child to grow and develop best he/she needs:

1. Good nutrition
2. Lots of love, playing and talking
3. Protection from disease and injury
4. Health care when they are sick or injured
5. Extra care and support if and when they need it

Read this book from cover to cover to learn how you can help your child grow and develop. Please keep this book in a safe place and take it with you every time that your child visits a clinic, hospital, doctor or other health facility.

Although information from this book may be requested by your child's preschool or school, it should always be kept in your care.

Ask the health worker about your child's health, growth and development at every visit. Speak to your health worker about any concerns.

Contents

Nutrition 4
Love 22
Protection 26
Health care 30
Extra care 40

?

These are words that you may find difficult to understand. The meaning of these words are explained at the back of the book.

For health workers ...

- Make sure that every child has a Road to Health book. **If they do not have one make sure they are given one.**
- Always ask for the Road to Health booklet and encourage parents and caregivers to bring it with them every time they visit the clinic, doctor, hospital or any health facility.
- Complete all relevant sections of the booklet at each visit.
- Talk to caregivers about what you are doing and encourage them to ask questions and share any concerns.
- All mothers should be introduced to the booklet during antenatal care.

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	16.09.2021	–	–	/	/	/	/	/	/	✓	✓	22.09.2021
6 weeks	22/9/21	Eb7	✓	/	/	✓	/	/	/	✓	✓	29/10/2021
10 weeks	21/10/21	Eb7	✓	/	/	✓	/	/	/	✓	✓	18/11/2021
14 weeks	18/11/2021	Eb7	✓	✓	✓	✓	/	/	/	✓	✓	18/12/2021
4 months	17/12/21	✓	✓	/	/	/	/	/	/	✓	✓	11/01/2022
5 months	11/01/2022	✓	✓	/	/	/	/	/	/	✓	✓	11/02/2022
6 months	11-02-22	✓	✓	✓	/	✓	✓	/	/	✓	✓	11/05/22
7 months				/	/	/	/	/	/			
8 months				/	/	/	/	/	/			
9 months	11/05/22	✓	✓	✓	/	✓	/	/	/	✓	✓	11.08.22
10 months				/	/	/	/	/	/			
11 months	11.8.22	✓	✓	/	/	/	/	/	/	✓	✓	
12 months	11.8.22	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	13.02.23
14 months				/	/	/	/	/	/			
16 months				/	/	/	/	/	/			
18 months	13-02-23			/	/	/	/	/	/			11-08-2023
20 months				/	/	/	/	/	/			
22 months				/	/	/	/	/	/			
2 years	11-08-23	–	–	/	/	/	✓	✓	✓	✓	✓	15-02-2023
2 and a half years	15-02-24	/	✓	/	/	/	✓	✓	/	✓	✓	2024-08-12
3 years	10/10/24	/	✓	/	/	/	✓	✓	✓	✓	✓	12/02/25
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