

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:	Ziyanda Angel Sibiyi	Date of Birth:	2023 / 04 / 29
Age:	3 years	Gender:	Female
ID Number (if available):	2304 2908 14020	Home Language:	Xitsonga
Current Class:	N/A	First Day of Attendance:	28 / 01 / 2026

SECTION 2: Parent / Guardian Information

Parent/Guardian 1 - Full Name:	Audi Sibiyi	Relationship to Learner:	Mother
ID Number:	9003 12682080	Occupation:	Cashier
Phone Number:	078 116 5589	Alternative Contact:	
Email Address:	N	Residential Address:	
Parent/Guardian 2 - Full Name:	George Zitha	Relationship to Learner:	Father
ID Number:		Occupation:	
Phone Number:	079 945 6899	Alternative Contact:	
Email Address:		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):	Vusi Mgwanya
Transport Method (Parent/Transport/Walk):	Transport
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	ye

Parent/Guardian Signature: _____ Date: 23/01/26 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:

Eunice Ngomane

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

 **REPUBLIC OF SOUTH AFRICA**
NATIONAL IDENTITY CARD

Surname:
SIBIYA
Names:
AUDI
Sex:
F
Nationality:
RSA
Identity Number:
9003121082090
Date of Birth:
12 MAR 1990
Country of Birth:
RSA
Status:
CITIZEN



Signature: 



Conditions: Date of Issue:
28 NOV 2023

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 80

RSA

117632005



3. Protection from preventable childhood diseases and injuries

Children should NOT only be taken to the clinic when they are ill. You should also take your child for their full course of immunisations/vaccines and routine treatments according to the timetables on pages 27 and 28.

- Immunisations are free. They protect your baby from common childhood illnesses and disease. Make sure your baby gets all his or her immunisations.
- Go to the clinic for your follow-up visits for you and your baby within six days of birth and at six weeks.
- Make sure that you know when your baby needs to return to the clinic for immunisations or other care. If you miss the date for your clinic visit, make sure that you return as soon as possible.
- If you are HIV positive, get your baby tested for HIV at birth and at 10 weeks.
- All children between 6 months and five years should receive Vitamin A and deworming medicines every six months. This helps to keep them healthy.
- Remember to wash your hands after using the toilet, changing nappies, before preparing meals and before feeding children. Wash your hands properly - wash both sides of your hands, between your fingers and your wrists with soap and clean water.
- Many serious injuries can be prevented if parents and other caregivers supervise young children carefully and keep their environment safe.
- A child should not be left unattended or unsupervised. Make sure that there is always a responsible adult taking care of your child and that you know where your child is at all times.
- Protect yourself too. Decide on a contraceptive method of choice and also use male or female condoms to prevent both unplanned pregnancy and sexually transmitted infections (dual protection).
- Good oral health will keep your child's teeth healthy and strong and prevent unnecessary pain and discomfort.

For Health Workers...

- Remember that every visit to the health facility is a chance to provide preventive health services and health promotion.
- Check the child's nutritional status and whether any immunisation or treatment is due.
- Show the caregiver proper hand washing.
- Always give the caregiver a date for their baby's next visit to the clinic.
- Remember to urgently notify your EPI co-ordinator of any cases of Acute Flaccid Paralysis (AFP) or suspected measles, as well as adverse events after immunisation (excluding mild fever and minor local reactions).

Immunisations

EPI (Expanded Programme of Immunisation) Schedule

Child's Name	Ziyanda Sibya		Child's Date of Birth	29/04/2023	
Age	Vaccine	Route & Site	Batch no.	Date given	Signature
Birth	BCG	Intradermal Right arm	022H22	01/05/23	<i>[Signature]</i>
	OPV0	Oral	8022023	01/05/23	<i>[Signature]</i>
	OPV1	Oral			
6 weeks	Rotavirus 1	Oral	LD435 AA	12/6/23	<i>[Signature]</i>
	PCV1	IM Right thigh	032J22	12/6/23	<i>[Signature]</i>
	Hexavalent (DTaP-IPV-Hib-HBV)1	IM Left thigh	V30203	12/6/23	<i>[Signature]</i>
10 weeks	Hexavalent (DTaP-IPV-Hib-HBV)2	IM Left thigh	V3H23	11/6/23	<i>[Signature]</i>
	Rotavirus 2	Oral	358AG14	10/8/23	<i>[Signature]</i>
14 weeks	PCV2	IM Right thigh	028HR2	14/08/23	<i>[Signature]</i>
	Hexavalent (DTaP-IPV-Hib-HBV)3	IM Left thigh	VBH23	14/08/23	<i>[Signature]</i>
6 months	Measles 1	S/C Right thigh	25050208	11/12/23	<i>[Signature]</i>
9 months	PCV 3	IM Right Thigh	025023	23/1/24	<i>[Signature]</i>
12 months	Measles 2	S/C Right arm	25050208	10/5/24	<i>[Signature]</i>
18 months	Hexavalent (DTaP-IPV-Hib-HBV)4	IM Left arm	020823	30/10/24	<i>[Signature]</i>
6 years	Td	IM Left arm			
12 years	Td	Left arm			
Additional Vaccinations					
Girls 9 years and older	HPV1	IM Non-dominant arm			
	HPV2				



home affairs

Department:
Home Affairs
REPUBLIC OF SOUTH AFRICA

H5006252

83/DHA - 5

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

BIRTH CERTIFICATE

CHILD IDENTITY NUMBER: 2304290814080
SURNAME: SIBIYA
FORENAMES: ZIYANDA ANGEL

GENDER: FEMALE DATE OF BIRTH: 2023-04-29
PLACE OF BIRTH: SABIE
COUNTRY OF BIRTH: SOUTH AFRICA

MOTHER: ID NUM/TRAVEL DOC: 9003121082080

MAIDEN/SURNAME: SIBIYA
FORENAMES: AUDI

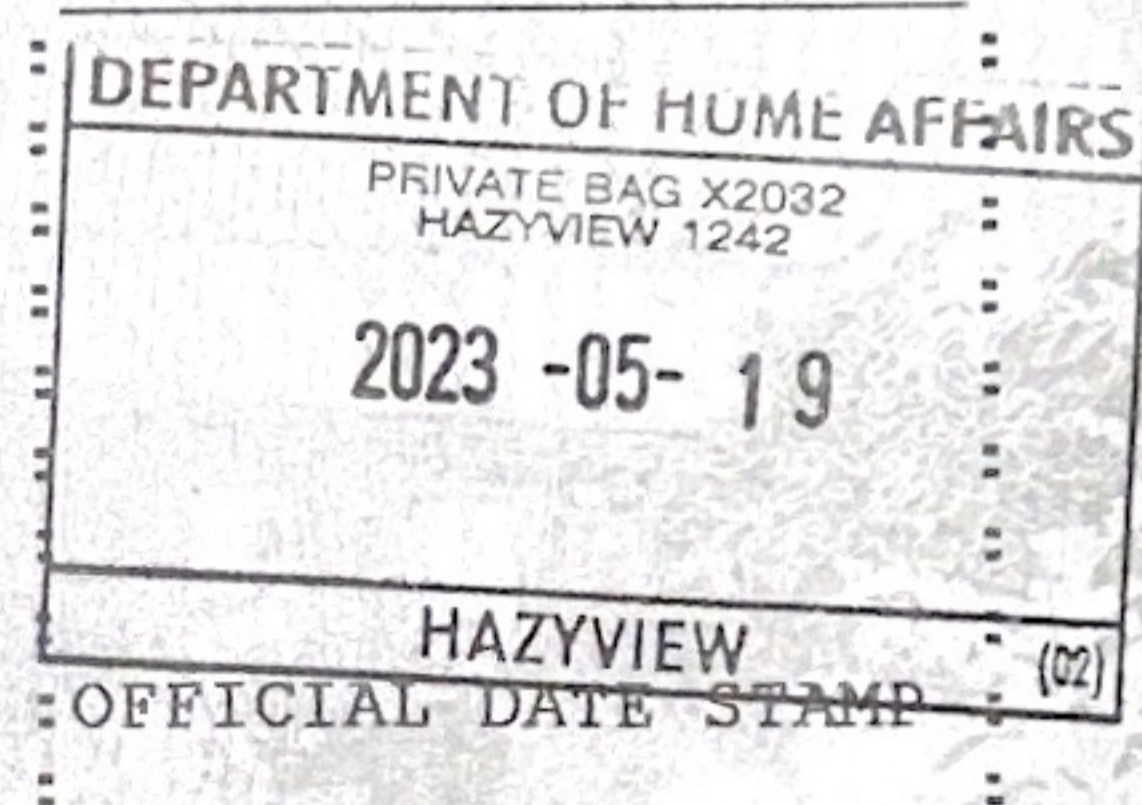
DATE OF BIRTH: 1990-03-12
PLACE OF BIRTH: MATIKWANE
COUNTRY OF BIRTH: SOUTH AFRICA


FATHER: ID NUM/TRAVEL DOC:

SURNAME: _____
FORENAMES: _____

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

ENDORSEMENTS:
NONE



PP 
DIRECTOR-GENERAL: HOME AFFAIRS

DATE PRINTED: 20230519

ISSUED BY: YEV242

