

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:	Ubenami Mabila M	Date of Birth:	20
Age:		Gender:	Female
ID Number (if available):	2403081194081	Home Language:	Siswati
Current Class:		First Day of Attendance:	20 / 01 / 2026

SECTION 2: Parent / Guardian Information

Parent/Guardian 1 - Full Name:	Penny Mashego	Relationship to Learner:	Mother
ID Number:	9406140539081	Occupation:	Nurse
Phone Number:	079 667 1996	Alternative Contact:	N/A
Email Address:	pennymashego@gmail.com	Residential Address:	Chauke and sons
Parent/Guardian 2 - Full Name:	Inapelo Mabila	Relationship to Learner:	Father
ID Number:	9010205363088	Occupation:	Doctor
Phone Number:	072 3914 012	Alternative Contact:	N/A
Email Address:	Ip.mabila@gmail.com	Residential Address:	Chauke and sons est.

SECTION 3: Emergency & Medical Information

Emergency Contact Name:	079 667 1996	Contact Number:	
Relationship to Learner:	father	Family Doctor:	
Doctor's Contact Number:	072 3914 012	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):	Inapelo Mabila / Penny Mashego Mabila 9010205363088 / 9406140539081
Transport Method (Parent/Transport/Walk):	Transport & Parent (Occasionally)
If using school transport, Route/Driver Name:	Vusi

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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: 20/01/2026 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
- 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:

Goodness Nyalunga

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: 20/01/2026



home affairs

Department:
Home Affairs
REPUBLIC OF SOUTH AFRICA

421400

83/DHA

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

BIRTH CERTIFICATE

CHILD SURNAMES: MABILA
 FORENAMES: UBENAMT NDALO ZOEY
 IDENTITY NUMBER: 2403081184081
 GENDER: FEMALE
 DATE OF BIRTH: 2024-03-08
 PLACE OF BIRTH: NELSPRUIT
 COUNTRY OF BIRTH: SOUTH AFRICA

MOTHER: IDENTITY NUMBER : 9406140539081

MAIDEN/SURNAME: MASHEGO
 FORENAMES: PHUMLILE PENNY

DATE OF BIRTH: 1994-06-14
 PLACE OF BIRTH: NELSPRUIT
 COUNTRY OF BIRTH: SOUTH AFRICA

FATHER: IDENTITY NUMBER : 9010205363088

SURNAME: MABILA
 FORENAMES: OCTAVIUS THAPELO

DATE OF BIRTH: 1990-10-20
 PLACE OF BIRTH: NELSPRUIT
 COUNTRY OF BIRTH: SOUTH AFRICA

ENDORSEMENTS:
 NONE

DEPARTMENT OF HOME AFFAIRS
 PRIVATE BAG X2032
 HAZYVIEW 1242
 2024-04-05
 HAZYVIEW

PP
 DIRECTOR-GENERAL: HOME AFFAIRS

DATE PRINTED: 20240405

ISSUED BY: YE262

OFFICIAL DATE STAMP

Immunisations

EPI (Expanded Programme of Immunisation) Schedule



Child's Name		Zoey Ndalo		Child's Date of Birth		68-03-24	
Age	Vaccine	Route & Site	Batch no.	Date given	Signature		
Birth	BCG	Intradermal Right arm	024423	09-03-24	TLo2		
	OPV0	Oral	015 18020023	12-03-24	[Signature]		
6 weeks	OPV1	Oral	2044022	19-04-24	[Signature]		
	Rotavirus 1	Oral	LDB73AB	19-04-24	[Signature]		
	PCV1	IM Right thigh	008A23	19-04-24	[Signature]		
	Hexavalent (DTaP-IPV-Hib-HBV)1	IM Left thigh	V31786IU	19-04-24	[Signature]		
10 weeks	Hexavalent (DTaP-IPV-Hib-HBV)2	IM Left thigh	V31786IU	20-05-24	[Signature]		
14 weeks	Rotavirus 2	Oral	AR040673AB	20/6/24	[Signature]		
	PCV2	IM Right thigh	025C23	20/6/24	[Signature]		
	Hexavalent (DTaP-IPV-Hib-HBV)3	IM Left thigh	W3A90	20/6/24	[Signature]		
6 months	Measles 1	S/C Left thigh	250222	16/5/24	[Signature]		
9 months	PCV 3	IM Right Thigh	Y003A	01/2/24	[Signature]		
12 months	Measles 2	S/C Right arm	280722	10/3/24	[Signature]		
18 months	Hexavalent (DTaP-IPV-Hib-HBV)4	IM Left arm	055423	8/9/25	[Signature]		
6 years	Td	IM Left arm					
12 years	Td	IM Left arm					
Additional Vaccinations							
Girls 9 years and older	HPV1	IM Non- dominant arm					
	HPV2						