

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:	Lebogang Leon Mng	Date of Birth:	2203236414080
Age:	3 years	Gender:	Male
ID Number (if available):		Home Language:	Siswati
Current Class:		First Day of Attendance:	

SECTION 2: Parent / Guardian Information

Parent/Guardian 1 - Full Name:	Nelisiwe Inobile Mng	Relationship to Learner:	Mother
ID Number:	9306130809082	Occupation:	
Phone Number:	0714 396 704	Alternative Contact:	
Email Address:		Residential Address:	
Parent/Guardian 2 - Full Name:		Relationship to Learner:	
ID Number:		Occupation:	
Phone Number:		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):	Ronnie
Transport Method (Parent/Transport/Walk):	Transport
If using school transport, Route/Driver Name:	Maume Ronnie

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SECTION 5: Consents

Yes/No

I consent to medical treatment in case of emergency	
I allow my child to appear in group photos for internal use	
I confirm all information is true and correct	
I have received and understood the crèche rules and policies	

Parent/Guardian Signature: Mansi
Admin Signature (Office Use): _____

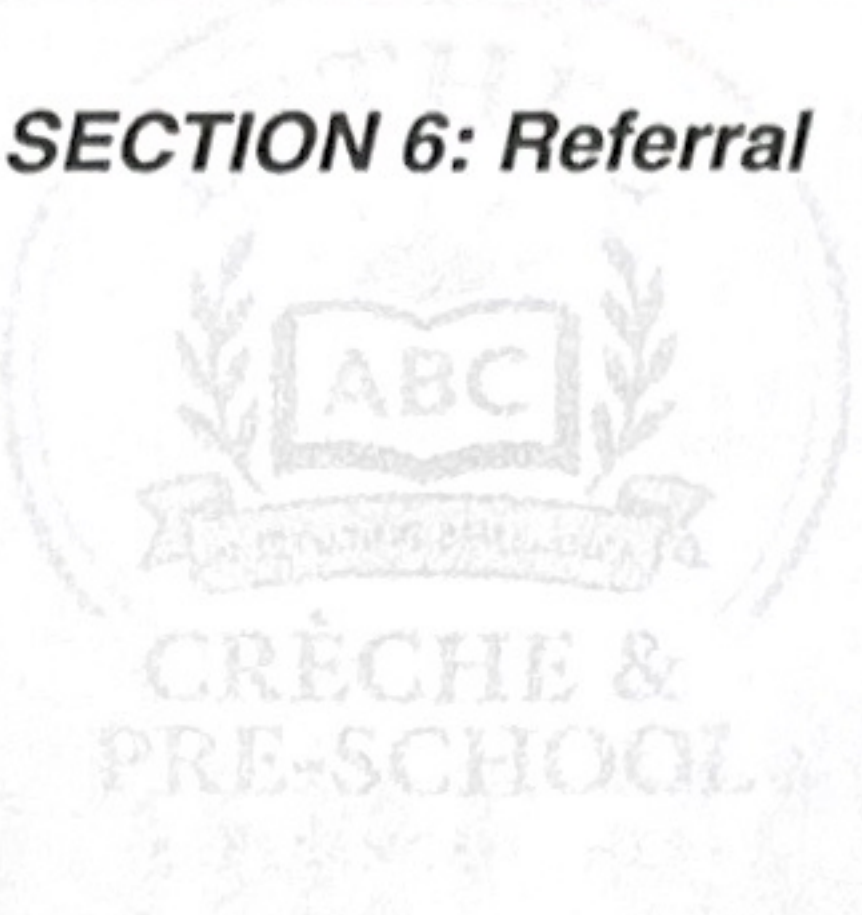
Date: 22/01/2026
Date: 22/01/2026

Admin Signature

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:

Hellen

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: Mansi

Date: 22/01/2026

This book is provided at birth by staff at the health facility. It can be taken home. The book must be given the first time a health worker sees the baby. This book is for use to ALL BABIES in both public and private health care. It must be replaced for free if lost or damaged.

This book belongs to:

LEON
 2421 'MARIANA' ST ou puats
 2022-03-23
 CHC
 PHC
 DEPARTMENT OF HEALTH

CHILD'S NAME:	LEON	CHILD'S SURNAME:	LEBOGANG
DATE OF BIRTH:	2022-03-23		
CHILD'S ID NUMBER:			
BIRTH WEIGHT:	3130g	GESTATIONAL AGE:	± 38 weeks
MOTHER'S NAME:	Mavis	FATHER'S NAME:	
MOTHER'S CONTACT DETAILS:	071 4396 704	FATHER'S CONTACT DETAILS:	

on the road to health

Side-by-Side

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 (or) 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.

1132 122

168-366-7433

191-479-1577

6645 (mother)

GEREGISTREERDE WOON- EN POSADRES

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

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

REGISTERED RESIDENTIAL AND POSTAL ADDRESS

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

I.D.No. 930613 0809 08 2



S. A. BURGER/S. A. CITIZEN

VAN/SURNAME

MNISI

VOORNAAM/PORÉNAMES

NELISIWE THOBILE

GEBORTEDISTRIK OF LAND/
DISTRICT OR COUNTRY OF BIRTH

SOUTH AFRICA

GEBORTE DATUM/
DATE OF BIRTH

1993-06-13



DATUM UITGEEK/
DATE ISSUED

2010-05-03

UITGEEK OP BEVAS VAN DIE
DIREKTOR-GENERAAL
BINNELANDSE SAKE

ISSUED BY AUTHORITY OF THE
DIRECTOR-GENERAL
HOME AFFAIRS



home affairs

Department:
Home Affairs
REPUBLIC OF SOUTH AFRICA

H 4342876

83/DHA - 5

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

BIRTH CERTIFICATE

CHILD IDENTITY NUMBER: 2203236414080
 SURNAME: MNISI
 FORENAMES: LEOGANG LEON

GENDER: MALE DATE OF BIRTH: 2022-03-23
 PLACE OF BIRTH: PHOLA NSIKAZI
 COUNTRY OF BIRTH: SOUTH AFRICA

MOTHER: ID NUM/TRAVEL DOC: 9306130809082

MAIDEN/SURNAME: MNISI
FORENAMES: NELISIWE THOBILE

DATE OF BIRTH: 1993-06-13
PLACE OF BIRTH: BONGANI
COUNTRY OF BIRTH: SOUTH AFRICA

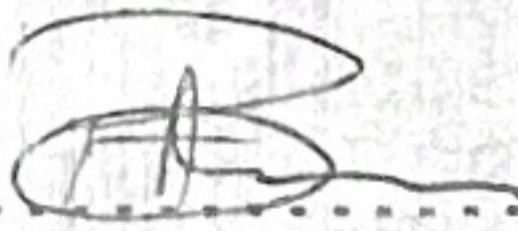
FATHER: ID NUM/TRAVEL DOC:

SURNAME: _____
FORENAMES: _____

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

ENDORSEMENTS:
NONE

DEPARTMENT OF HOME AFFAIRS
 HAZYVIEW
 2022-04-21
 HAZYVIEW
 OFFICIAL DATE STAMP


 DIRECTOR-GENERAL: HOME AFFAIRS

DATE PRINTED: 20220421

ISSUED BY: YEV262

