

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:	Mkhatsywa Langelinhe	Date of Birth:	2024 - 04 - 13
Age:	1	Gender:	Female
ID Number (if available):	2404130862081	Home Language:	Siswati
Current Class:		First Day of Attendance:	02 march 2026

**SECTION 2: Parent / Guardian Information**

Parent/Guardian 1 - Full Name:	Thandeka Mkhatsywa	Relationship to Learner:	Mother
ID Number:	9202191124083	Occupation:	N/A
Phone Number:	072 720 8647	Alternative Contact:	0766871666
Email Address:	N/A	Residential Address:	Hazy Park Hazyview 1242
Parent/Guardian 2 - Full Name:	Mdosi Mkomo	Relationship to Learner:	Father
ID Number:		Occupation:	N/A
Phone Number:	082 306 9286	Alternative Contact:	0766871666
Email Address:	N/A	Residential Address:	Hazy Park Hazyview 1242

**SECTION 3: Emergency & Medical Information**

Emergency Contact Name:	Rose Mkhatsywa	Contact Number:	0766871666
Relationship to Learner:	Grand mother	Family Doctor:	N/A
Doctor's Contact Number:	N/A	Medical Aid (Yes/No):	N/A
Medical Aid Name:	N/A	Medical Aid Number:	N/A
Allergies / Medical Conditions:	N/A		
Medication currently taken:	N/A		

**SECTION 4: Collection & Transport**

Authorized Persons to Fetch Learner (Name & ID):	malume Vusi
Transport Method (Parent/Transport/Walk):	Transport
If using school transport, Route/Driver Name:	Vusi

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 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: 06/03/2024 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:

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: 06/03/2024



health  
MPUMALANGA PROVINCE  
REPUBLIC OF SOUTH AFRICA

1127 Tarentaal Street, Hazyview, 1242, Mpumalanga Province  
Private Bag X 720, Hazyview, 1242, Mpumalanga Province  
Tel I: +27 (13) 737 7191  
Litiko Letemphilo

Departement van Gesondheid

UmNyango WezeMaphilo

Dear Parent/ Guardian/ Caregiver

The Department of Health (<sup>Sardruer</sup> Clinic) are providing health services to learners in schools through the Outreach Services.

For your child to receive these services we need you to give permission by completing the form below.

The health care services may include the following:

1. Vitamin A and Deworming
2. Immunisation
3. Health education.

Children are required to bring their Road to Health booklet (Clinic card) You can come with your child to school on the day of the Outreach Team Services visits. You will be informed if your child will need to be referred for other services.

### CONSENT FORM: OUTREACH SERVICES

Parent/ guardian/ caregiver please complete the information on this form.

Name of learner: Langelinhle mkhatshwa Age: 1 yrs

Date of birth: 2024-04-13

Signature of Parent/ Guardian/ Caregiver: [Signature]

Date: 06/03/2024

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:

Place a picture

CHILD'S NAME:	T H A N D O L W E T H U										
CHILD'S SURNAME:	M K H A T S H W A										
DATE OF BIRTH:	20 04 04 - 13										
CHILD'S ID NUMBER:	2 4 0 4 1 3 0 8 6 2 0 8 1										
BIRTH WEIGHT:	3090					GESTATIONAL AGE:	38 weeks				
MOTHER'S NAME:	Thandera mkhathwa					FATHER'S NAME:					
MOTHER'S CONTACT DETAILS:						FATHER'S CONTACT DETAILS:					



# home affairs

Department:  
Home Affairs  
REPUBLIC OF SOUTH AFRICA

I 4274877

83/DHA - 5

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

## BIRTH CERTIFICATE

CHILD IDENTITY NUMBER: 2404130862081  
 SURNAME: MKHATSHWA  
 FORENAMES: THANDOKUNHLE LANGELINHLE  
 GENDER: FEMALE DATE OF BIRTH: 2024-04-13  
 PLACE OF BIRTH: PHOLA NSIKAZI  
 COUNTRY OF BIRTH: SOUTH AFRICA

MOTHER: ID NUM/TRAVEL DOC: 9202191124083

MAIDEN/SURNAME: MKHATSHWA  
 FORENAMES: THANDEKA FORTIA

DATE OF BIRTH: 1992-02-19  
 PLACE OF BIRTH: HAZYVIEW  
 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 X2032

2024 -04- 29

HAZYVIEW 1242

MO: HAZYVIEW

(27)

PP   
 DIRECTOR-GENERAL: HOME AFFAIRS

DATE PRINTED: 20240429

ISSUED BY: YEV257