

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:	Alyiah Chabata	Date of Birth:	24/2021/10
Age:	4	Gender:	Female
ID Number (if available):	63-39477107	Home Language:	English
Current Class:	RR	First Day of Attendance:	

SECTION 2: Parent / Guardian Information

Parent/Guardian 1 - Full Name:	Chabata William	Relationship to Learner:	Father
ID Number:	63-165527T07	Occupation:	N.A
Phone Number:	060 198 2983	Alternative Contact:	0630229640
Email Address:	Duquesma2@gmail	Residential Address:	Bongani
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:	Lizzie Parudzai	Contact Number:	0630229640
Relationship to Learner:		Family Doctor:	
Doctor's Contact Number:		Medical Aid (Yes/No):	
Medical Aid Name:		Medical Aid Number:	
Allergies / Medical Conditions:	NA		
Medication currently taken:			

SECTION 4: Collection & Transport

Authorized Persons to Fetch Learner (Name & ID):	
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: William Date: 19/02/26 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:

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: William Date: 19/02/26



MoHCC Revised 2025
For more information
visit your nearest health facility

Vaccine	Disease Prevented	Chirwere Chinodzivirirwa	Umkhuhlane Ovikelwayo
BCG	Tuberculosis	Rurindi	Ufuba
Hep B	Hepatitis	Gomarara rechiropa	Imvukuzane yesibindi
Pentavalent	Diphtheria, Pertussis, Tetanus, Meningitis, Influenza, Cancer of the Liver,	Rukanda pahuro, Chipembwe, Chiomesa shaya Meningitis, Fruenza, Gomarara rechiropa,	Amalonda amakhulu, Amaketane, Uphepha oludondoyo, Meningitis, Umvimbano olegazi, Imvukuzane yesibindi
OPV, IPV	Poliomyelitis	Mhetamakumbo	Imbeleko
PVC 13	Pneumonia	Mabayo	Isihlabo
Rotavirus	Rotavirus Diarrhoea	Manyoka	Isihudo
Measles Rubella	Measles and Rubella	Gwirikwiti	Indingindi
Td	Tetanus and Diphtheria	Chiomesa shaya, Rukanda Pahuro	Amaketane lophepha oludonsayo
HPV	Cancer of the cervix	Gomarara remuromo wechibereko	Imvukuzane yomlomo wesibeletso
Vitamin A	Night blindness	Kusaona zvakana Murima	Ukungaboni kahle emnyameni

NAME(S) OF CHILD: <i>Alayah Anashe</i>
SURNAME OF CHILD: <i>Chibata</i>
SEX: <i>Girl</i> DATE OF BIRTH: <i>24 1 02 02 1</i>
PLACE OF BIRTH: <i>Harare hospital</i>
HEALTH CENTRE: <i>Budiriro Poly.</i>
PHYSICAL ADDRESS: <i>5236 Glenview</i>
CONTACT NUMBER: <i>0785 608748</i>
FULL NAME OF MOTHER: <i>Melisa Munda</i>
FULL NAME OF FATHER: <i>William Chibata</i>

NOTES _____



STATUTORY FEE
 AMOUNT RECEIVED
 RECEIPT No. 111208
 For REGISTRAR-GENERAL
 BIRTHS AND DEATHS

No: 9369224 AA

BIRTHS AND DEATHS REGISTRATION ACT, CHAPTER 5:02

Certified Copy of an Entry of Birth Registered in the District of HARARE in Zimbabwe

CHILD	ID No 63-3947710 X 07	1. First Names ALIYAH ANASHE	2. Surname CHABATA
FATHER OF CHILD	3. Birth Place HARARE MATERNITY HOSPITAL, HARARE	1. First Names WILLIAM	2. Surname CHABATA
MOTHER OF CHILD	4. Date of Birth TWENTY-FOURTH DAY OF OCTOBER, TWO THOUSAND AND TWENTY-ONE	3. Birth-place SEKE	4. National identity card number 63-165527 T 07
IN-FORMANT	5. Sex Female	1. First Names MELISSAH	2. Maiden Surname MUNDAVA
		3. Address 5236 GLEN VIEW 3 HARARE	4. National identity card number 25- 128084 J 47
	1. Signature or mark MUNDAVA MELISSAH	1. Date of registration 23 January 2026	
	2. Qualification Mother	2. Birth entry number HMS-000811-26	

I, HOVE MAKOMBORERO
 certify that the above is a true copy of an entry of the above particulars in the register of births kept at
HARARE MARKET SQUARE
 Dated this **TWENTY THIRD** DAY OF **JANUARY, 2026**

for Registrar-General/Registrar of Births and Deaths



Stamp
 DISTRICT REGISTRAR
 MARKET SQUARE
 23 JAN 2026

THIS CERTIFICATE IS ISSUED WITHOUT AMENDMENT