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:	Junior Ntando	Date of Birth:	23/10/22
Age:	3	Gender:	Male
ID Number (if available):	221023541408 6	Home Language:	English
Current Class:	N/A	First Day of Attendance:	18/02/2026

SECTION 2: Parent / Guardian Information

Parent/Guardian 1 - Full Name:	Bongani Dube	Relationship to Learner:	Father
ID Number:	8610175302080	Occupation:	Incident Manager
Phone Number:	0727066455	Alternative Contact:	
Email Address:	bonganigd@gmail.co	Residential Address:	SANDRIVER, MAJIKA
Parent/Guardian 2 - Full Name:	Florence Simango	Relationship to Learner:	Mother
ID Number:	N/A	Occupation:	Therapist
Phone Number:	0691429100	Alternative Contact:	0717716814
Email Address:	florence.simango@gmail.com	Residential Address:	SANDRIVER, MAJIKA

SECTION 3: Emergency & Medical Information

Emergency Contact Name:	Bongani Dube	Contact Number:	0727066455
Relationship to Learner:	Father	Family Doctor:	N/A
Doctor's Contact Number:	N/A	Medical Aid (Yes/No):	NO
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):	Vusi
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	YES

Parent/Guardian Signature: _____ Date: 18/02/2026 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:

Bilia Siri

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: _____ **Date:** 18/02/2026

NOTICE OF PERSONAL PARTICULARS

1. Any changes to the personal particulars in your ID Book must be communicated to all relevant parties.

NOTICE OF CHANGE OF ADDRESS

1. Keep the NOTICE OF CHANGE OF ADDRESS form in this pocket to report a change of address or a change in particular of your present address e.g. name of street and/or street number etc.

2. Hand in at or post to the nearest regional/district office of the DEPARTMENT OF HOME AFFAIRS

1

I.D. No. 861017 5302 080

S.A CITIZEN

SURNAME
DUBE

FORENAMES
BONGANI

COUNTRY OF BIRTH
SOUTH AFRICA

DATE OF BIRTH
1986-10-17

DATE ISSUED
2015-08-04

ISSUED BY AUTHORITY OF
THE DIRECTOR-GENERAL
HOME AFFAIRS

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 photograph of child here

MPUMALANGA DEPARTMENT OF HEALTH
SABIE HOSPITAL
ADMISSIONS
23 OCT 2022
PRIVATE BAG X515, SABIE 1260
LITIKO LETEMPHILO

CHILD'S NAME:	Ntandoyenkosi Junior		
CHILD'S SURNAME:			
DATE OF BIRTH:	2022-10-23		
CHILD'S ID NUMBER:			
BIRTH WEIGHT:	2590	GESTATIONAL AGE:	40/40
MOTHER'S NAME:	Florence Simango	FATHER'S NAME:	
MOTHER'S CONTACT DETAILS:	0717716814	FATHER'S CONTACT DETAILS:	

131-013-1691

3019

Side-by-Side®

on the road to health

This book is for you and your child's health worker. It gives you advice on how to raise a happy, healthy child. It is also a record of your child's growth and development, and is used by health workers to make sure that every child gets the care that they need at the right time.

For your child to grow and develop best he/she needs:

1. Good nutrition
2. Lots of love, playing and talking
3. Protection from disease and injury
4. Health care when they are sick or injured
5. Extra care and support if and when they need it

Read this book from cover to cover to learn how you can help your child grow and develop. Please keep this book in a safe place and take it with you every time that your child visits a clinic, hospital, doctor or other health facility.

Although information from this book may be requested by your child's preschool or school, it should always be kept in your care.

Ask the health worker about your child's health, growth and development at every visit. Speak to your health worker about any concerns.

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 for 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.**

Clinic Visits

Age	Date	Feeding advice p4	Growth monitoring p9	Development p23	Head circumference p25	Immunisation p27	Vitamin A p28	Deworming p28	Oral Health p29	TB screen p40	Consider HIV p40	Next date
3 – 6 days	26-10-2022	✓	✓							✓	✓	5-12-2022
6 weeks	05-12-2022	✓	✓			✓				✓	✓	03-01-2023
10 weeks	03-01-23	✓	✓			✓				✓	✓	31/01/2023
14 weeks	31-01-23	✓	✓	✓	✓	✓				✓	✓	25-04-23
4 months												
5 months												
6 months	25-04-23	✓	✓	✓		✓	✓					25-07-2023
7 months												
8 months												
9 months	25/7/23	✓	✓	✓		✓				✓	✓	24/10/23
10 months												
11 months												
12 months	24/10/23	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	23/10/24
14 months												
16 months												
18 months	23/10/24	✓	✓	✓		✓	✓	✓	✓	✓	✓	
20 months												
22 months												
2 years	23/10/24	✓	✓				✓	✓	✓	✓	✓	23/4/25
2 and a half years	05/05/25		✓				✓	✓		✓	✓	23/10/2025
3 years	23/10/2025		✓	✓			✓	✓	✓	✓	✓	23/04/2026
3 and a half years												
4 years												
4 and a half years												
5 years												
6 years												
12 years												

✓ tick once done ⁄ Not in schedule

Danger signs!

Take your child to the nearest clinic if you see any of the following.

Child is coughing and breathing fast (more than 50 breaths per minute)

Child under 2 months old has a fever and is not feeding

Child is vomiting everything

Child has diarrhoea ? sunken eyes, and a sunken fontanelle

Child is shaking (convulsions) ?

Child has signs of malnutrition ? (swollen ankles and feet)

Child is not moving or does not wake up

Child is unable to breastfeed

home affairs

Department:
Home Affairs
REPUBLIC OF SOUTH AFRICA

H 6267263

83/DHA - 5

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

BIRTH CERTIFICATE

CHILD IDENTITY NUMBER: 2210235414086

SURNAME: DUBE
FORENAMES: NTANDOYENKOSI JUNIOR

GENDER: MALE DATE OF BIRTH:2022-10-23
PLACE OF BIRTH: SABIE
COUNTRY OF BIRTH: SOUTH AFRICA

MOTHER: ID NUM/TRAVEL DOC:DN705529

MAIDEN/SURNAME: SIMANGO
FORENAMES: FLORENCE

DATE OF BIRTH: 1988-04-29
PLACE OF BIRTH: ZIMBABWE
COUNTRY OF BIRTH: ZIMBABWE

FATHER: ID NUM/TRAVEL DOC:8610175302080

SURNAME: DUBE
FORENAMES: BONGANI

DATE OF BIRTH: 1986-10-17
PLACE OF BIRTH: PINETOWN
COUNTRY OF BIRTH: SOUTH AFRICA

ENDORSEMENTS:
APPROVED

pp .....
DIRECTOR-GENERAL: HOME AFFAIRS

DEPARTMENT OF HOME AFFAIRS
PRIVATE BAG X2032
HAZYVIEW 1242
2022 -10- 27
OFFICIAL STAMP HAZYVIEW (09)

DATE PRINTED: 20221027 ISSUED BY: YEV254