

Enq. Khoza HNS
0829352502
0662382296



Stand No. 1122 Sand River Trust
P O Box 1698, Hazyview, 1242
Mpumalanga

ADMISSION FORM: 2024/2025

Child's Full Name and Surname: BOTSELO NDHLAKHE

Date of Birth: 2022-06-06

ID Number: 2206061179082

Home language: Siswati

Gender: Female

Mother, Guardian or Caregiver Name

Parent/guardian/caregiver ID: ~~0108~~ 01 08100460089

Telephone number: 079 929 7540

Place of work: _____

Home Address: _____

Income per month: _____

Father, Guardian or Caregiver Name

Parent/guardian/caregiver ID: _____

Telephone number: _____

Home Address: _____

Place of work: _____

Income per month: _____

Number of dependants under 18 years: _____

Emergency number/s: 082 044 1226

Name and phone number of child's regular doctor or clinic: _____

Medical issues: _____

Allergies: _____

This form must be returned with the

- Copy of Child's clinic card/health card,
- Copy of child's birth certificate,
- Parent/guardian/caregiver copy of ID
- A proof of income or copy of child support grant for parents or bank statement where SASA is paid to.

I agree to pay the school fees of 180 per month and to follow the rules and regulations of the creche/centre.

Signed: [Signature]

Date: 08/08/2025

FOR OFFICE USE ONLY:

Date received: _____

Date & Time of Interview: _____

All forms received by: _____

Date accepted: _____

Attending from: _____

Assigned class: _____



3. Protection from preventable childhood diseases and injuries

Children should NOT only be taken to the clinic when they are ill. You should also take your child for their full course of immunisations/vaccines and routine treatments according to the timetables on pages 27 and 28.

- Immunisations are free. They protect your baby from common childhood illnesses and disease. Make sure your baby gets all his or her immunisations.
- Go to the clinic for your follow-up visits for you and your baby within six days of birth and at six weeks.
- Make sure that you know when your baby needs to return to the clinic for immunisations or other care. If you miss the date for your clinic visit, make sure that you return as soon as possible.
- If you are HIV positive, get your baby tested for HIV at birth and at 10 weeks.
- All children between 6 months and five years should receive Vitamin A and deworming medicines every six months. This helps to keep them healthy.
- Remember to wash your hands after using the toilet, changing nappies, before preparing meals and before feeding children. Wash your hands properly - wash both sides of your hands, between your fingers and your wrists with soap and clean water.
- Many serious injuries can be prevented if parents and other caregivers supervise young children carefully and keep their environment safe.
- A child should not be left unattended or unsupervised. Make sure that there is always a responsible adult taking care of your child and that you know where your child is at all times.
- Protect yourself too. Decide on a contraceptive method of choice and also use male or female condoms to prevent both unplanned pregnancy and sexually transmitted infections (dual protection).
- Good oral health will keep your child's teeth healthy and strong and prevent unnecessary pain and discomfort.

For Health Workers...

- Remember that every visit to the health facility is a chance to provide preventive health services and health promotion.
- Check the child's nutritional status and whether any immunisation or treatment is due.
- Show the caregiver proper hand washing.
- Always give the caregiver a date for their baby's next visit to the clinic.
- Remember to urgently notify your EPI co-ordinator of any cases of Acute Flaccid Paralysis (AFP) or suspected measles, as well as adverse events after immunisation (excluding mild fever and minor local reactions).

Immunisations

EPI (Expanded Programme of Immunisation) Schedule

Age	Vaccine	Route & Site	Batch no.	Date given	Signature
Child's Name	Thandolwetso				
Child's Date of Birth	11/04/2025				
Birth	BCG	Intradermal Right arm	013B241104125	2025	[Signature]
	OPV0	Oral	20437241104125	2025	[Signature]
	OPV1	Oral			
	Rotavirus 1	Oral			
6 weeks	PCV1	IM Right thigh			
	Hexavalent (DTaP-IPV-Hib-HBV)1	IM Left thigh			
10 weeks	Hexavalent (DTaP-IPV-Hib-HBV)2	IM Left thigh			
	Rotavirus 2	Oral			
14 weeks	PCV2	IM Right thigh			
	Hexavalent (DTaP-IPV-Hib-HBV)3	IM Left thigh			
6 months	Measles 1	S/C Left thigh			
9 months	PCV 3	IM Right Thigh			
12 months	Measles 2	S/C Right arm			
18 months	Hexavalent (DTaP-IPV-Hib-HBV)4	IM Left arm			
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				

SUID AFRIKAANSE POLISIEDIENS
GEMEENSKAPSDIENS SENTRUM
29-04-2025
COMMUNITY SERVICE CENTRE
SOUTH AFRICAN POLICE

EK SERTIFISEER DAT HIERDIE DOKUMENT IN WAIRE AFDRUKA/SKRIF IS VAN DIE OORSPRONKLIKE DOKUMENT WAT AAN MY VIR VALUIT WAARNEEMING DAAR NIE N WYSIGING OF VERANDERING TOEGENOMME IS. I CERTIFY THAT THIS DOCUMENT ANGEBRING IS NIE OF THE ORIGINAL DOCUMENT IS A TRUE COPY. I FURTHER CERTIFY THAT FROM MY OBSERVATIONS AND AUTHENTICATION, I FURTHER CERTIFY THAT FROM MY OBSERVATIONS AN AMENDMENT OR A CHANGE HAS NOT BEEN MADE TO ME FOR DOCUMENT.

HANDTEKENING/SIGNATURE: [Signature]
MAGSNUMMER/ FORCE NUMBER: 20555785
NAAM IN SKRIEF/ NAME IN PRINT: MCKWENTH MW
RANG/ RANK: CS7