

DAILY ATTENDANCE REGISTER

ECD NAME: Bethel Crèche & Pre-School

MONTH: October

YEAR: 2026

QUARTER: 4

WARD:

SCHOOL NAME: Bether Creche & Pre-School			MONTH: October			YEAR: 2020			QUARTER: 4			WARD: 1																				DAYS	DAYS	SUBSIDISED (X OR ✓)					
				DAYS OF THE MONTH																																			
NO	NAME AND SURNAME		AGE	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	(P)	(A)	YES	NO	
1	Botha Liam		3			W	W		A	A	A	P	W	W	A	A		A	A	W	W	A						W	W						W	1	8	✓	
2	Chabata Aliyah		4			W	W		P	P	P	P	W	W	P	P		P	P	W	W	P						W	W						W	9		✓	
3	Chiloane Zanoxolo		4			W	W		P	P	P	P	W	W	P	P		P	P	W	W	P						W	W						W	9		✓	
4	Credo Mashaba		4			W	W		P	P	P	P	W	W	P	P		P	P	W	W	P						W	W						W	9			
5	Devese Kairo		4			W	W		A	P	P	A	W	W	P	A		P	P	W	W	P						W	W						W	6	3		✓
6	Dibakwane Bokang		4			W	W		P	P	P	P	W	W	P	P		P	P	W	W	P						W	W						W	9		✓	
7	Dlamini Sithelakuhla		4			W	W		P	P	P	P	W	W	P	P		P	P	W	W	P						W	W						W	9		✓	
8	Dube Anele		4			W	W		P	P	P	P	W	W	P	P		P	P	W	W	P						W	W						W	9		✓	
9	Dube Junior		2			W	W		P	P	P	P	W	W	P	P		P	P	W	W	P						W	W						W	9		✓	
10	Dube Zanokuhle					W	W		A	P	P	P	W	W	P	A		P	P	W	W	P						W	W						W	7	2		✓
11	Fakude Lethothule		2			W	W		A	A	A	A	W	W	A	A		P	A	W	W	A						W	W						W	1	8		✓
12	Fakude Simthandile		4			W	W		P	P	P	P	W	W	P	P		P	P	W	W	P						W	W						W	9		✓	
13	Fankomo Lazoya		3			W	W		P	P	P	P	W	W	P	P		P	P	W	W	P						W	W						W	9		✓	
14	Hobyane Mikhenso		2			W	W		A	P	P	A	W	W	P	A		P	A	W	W	A						W	W						W	4	5		✓
15	Kgoedi Melokuhle		5			W	W		P	P	P	P	W	W	P	P		P	P	W	W	P						W	W						W	9		✓	
TOTAL NUMBER OF CHILDREN PRESENT									10	13	13	12			13	10		14	12			12																	
TOTAL NUMBER OF CHILDREN ABSENT									5	2	2	3			2	5		1	3			3																	

ADJUSTMENTS TO CHANGE IN NUMBER OF CHILDREN		
DESCRIPTION	TOTAL	COMMENTS
1. ADDITIONALS		
2. DROP -OUTS		
3. TRANSFERRED		
4. DECEASED		

N.B* THE TOTALS MUST CROSS BALANCE

MARK WITH: (P, A OR W)

PRESENT
ABSENT
WEEKEND

I DECLARE THAT THE INFORMATION IS CORRECT AND A TRUE REFLECTION

CHAIRPERSON
DATE

PRINCIPAL
DATE

TREASURER
DATE

DEPARTMENTAL REPRESENTATIVE: _____

DATE: _____

DAILY ATTENDANCE REGISTER

ECD NAME: Bethel Crèche & Pre-School

MONTH: October

YEAR: 2026

QUARTER: 4

WARD:

ED NAME: Bethel Creche & Pre-School			MONTH: October		YEAR: 2020		QUARTER: 4		WARD:		DAYS OF THE MONTH																															DAYS	DAYS	SUBSIDISED (X OR ✓)	
no	NAME AND SURNAME	AGE	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	(P)	(A)	YES	NO								
16	Khoza Justice	1			W	W		P	P	P	P	W	W	P	P		P	P	W	W	P					W	W						W	9		✓									
17	Khoza Sbongokuhle	4			W	W		P	P	P	P	W	W	P	P		A	P	W	W	P					W	W						W	8	1	✓									
18	Khumalo Fion	4			W	W		P	P	P	P	W	W	P	P		P	P	W	W	P					W	W						W	9		✓									
19	Khumalo Pelliah	4			W	W		P	P	P	P	W	W	P	P		P	P	W	W	P					W	W						W	9		✓									
20	Kiara Sanderson	5			W	W		P	P	P	P	W	W	P	P		P	P	W	W	P					W	W						W	9			✓								
21	Lamula Kgodoso	3			W	W		A	A	A	P	W	W	P	P		P	A	W	W	A					W	W						W	4	5		✓								
22	Lawrence Abby	4			W	W		A	P	P	A	W	W	A	A		P	A	W	W	A					W	W						W	3	6		✓								
23	Lawrence Taydén	4			W	W		A	P	P	A	W	W	A	A		P	A	W	W	A					W	W						W	3	6	✓									
24	Lekhuleni Monde	5			W	W		P	P	P	P	W	W	P	P		P	P	W	W	P					W	W						W	9			✓								
25	Lekhuleni Sanele	5			W	W		P	P	P	P	W	W	P	P		P	P	W	W	P					W	W						W	9		✓									
26	Letshane Bothlale	4			W	W		P	P	P	P	W	W	P	P		A	A	W	W	P					W	W						W	7	2	✓									
27	Leyane Sphiwosethu	3			W	W		P	P	P	P	W	W	P	P		P	P	W	W	P					W	W						W	9			✓								
28	Liyam Sanderson	4			W	W		P	P	P	P	W	W	P	P		P	P	W	W	P					W	W						W	9		✓									
29	Lubisi Favour	4			W	W		P	P	P	P	W	W	P	P		P	P	W	W	P					W	W						W	9		✓									
30	Mabila Ubenami	2			W	W		P	P	P	P	W	W	P	P		P	P	W	W	P					W	W						W	9		✓									
TOTAL NUMBER OF CHILDREN PRESENT								12	14	14	13			13	13		13	11			12																								
TOTAL NUMBER OF CHILDREN ABSENT								3	1	1	2			2	2		2	4			3																								

ADJUSTMENTS TO CHANGE IN NUMBER OF CHILDREN		
DESCRIPTION	TOTAL	COMMENTS
1. ADDITIONALS		
2. DROP -OUTS		
3. TRANSFERRED		
4. DECEASED		

N.B* THE TOTALS MUST CROSS BALANCE

MARK WITH: (P, A OR W)

PRESENT
ABSENT
WEEKEND

I DECLARE THAT THE INFORMATION IS CORRECT AND A TRUE REFLECTION

CHAIRPERSON

DATE

PRINCIPAL

DATE

TREASURER

DATE

DEPARTMENTAL REPRESENTATIVE: _____

DATE: _____

DAILY ATTENDANCE REGISTER

ECD NAME: Bethel Crèche & Pre-School

MONTH: October

YEAR: 2026

QUARTER: 4

WARD:

			DAYS OF THE MONTH																															DAYS	DAYS	SUBSIDISED (X OR ✓)	
NO	NAME AND SURNAME	AGE	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	(P)	(A)	YES	NO
31	Mabuza Kwandokuhle	5			W	W		P	P	P	P	W	W	P	P		P	P	W	W	P					W	W						W	9		✓	
32	Mahatlani Wakwetsima	5			W	W		A	P	P	P	W	W	P	P		P	P	W	W	P					W	W						W	8	1	✓	
33	Maila Lisa	2			W	W		P	P	P	P	W	W	P	P		P	P	W	W	P					W	W						W	9		✓	
34	Makola Boikano	4			W	W		P	P	P	P	W	W	P	P		P	P	W	W	P					W	W						W	9		✓	
35	Makwela Charisma	4			W	W		P	P	P	A	W	W	P	P		P	P	W	W	P					W	W						W	8	1	✓	
36	Malete Nkazimulo	5			W	W		P	P	P	P	W	W	P	P		P	P	W	W	P					W	W						W	9			✓
37	Malope Lerumo	4			W	W		P	P	P	P	W	W	P	P		P	P	W	W	P					W	W						W	9		✓	
38	Maluleke Enelo	4			W	W		A	P	P	A	W	W	P	P		A	A	W	W	A					W	W						W	4	5		✓
39	Maluleke Gendo	1			W	W		A	P	P	A	W	W	P	P		A	A	W	W	A					W	W						W	4	5		✓
40	Malumane Hlelokuhle	5			W	W		A	P	A	A	W	W	A	P		A	A	W	W	P					W	W						W	3	6		✓
41	Manhique Keitumetsi	4			W	W		P	P	P	P	W	W	P	P		P	P	W	W	P					W	W						W	9			✓
42	Manzini Andzani	5			W	W		P	P	P	P	W	W	P	P		P	P	W	W	P					W	W						W	9			✓
43	Maphanga Dumisile	5			W	W		P	P	P	P	W	W	P	P		P	P	W	W	P					W	W						W	9			✓
44	Marula Bokamosa	4			W	W		P	P	P	P	W	W	P	P		P	P	W	W	P					W	W						W	9		✓	
45	Maseko Onalerona	4			W	W		A	P	A	A	W	W	P	A		A	P	W	W	P					W	W						W	4	5	✓	
TOTAL NUMBER OF CHILDREN PRESENT								10	15	13	10				14	14		11	12			13															
TOTAL NUMBER OF CHILDREN ABSENT								5		2	5				1	1		4	3			2															

ADJUSTMENTS TO CHANGE IN NUMBER OF CHILDREN		
DESCRIPTION	TOTAL	COMMENTS
1. ADDITIONALS		
2. DROP -OUTS		
3. TRANSFERRED		
4. DECEASED		

N.B* THE TOTALS MUST CROSS BALANCE

MARK WITH: (P, A OR W)

PRESENT
ABSENT
WEEKEND

I DECLARE THAT THE INFORMATION IS CORRECT AND A TRUE REFLECTION

CHAIRPERSON

DATE

PRINCIPAL

DATE

TREASURER

DATE

DEPARTMENTAL REPRESENTATIVE: _____

DATE: _____

DAILY ATTENDANCE REGISTER

ECD NAME: Bethel Crèche & Pre-School

MONTH: October

YEAR: 2026

QUARTER: 4

WARD:

			DAYS OF THE MONTH																															DAYS	DAYS	SUBSIDISED (X OR ✓)	
NO	NAME AND SURNAME	AGE	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	(P)	(A)	YES	NO
46	Mashabane Atlehang	4			W	W		P	A	P	P	W	W	P	P		P	P	W	W	P					W	W						W	8	1	✓	
47	Mashabane Nhlabulo	5			W	W		A	A	P	P	W	W	P	P		P	P	W	W	P					W	W						W	7	2	✓	
48	Mashabane Priyanka	5			W	W		P	P	P	P	W	W	P	P		A	P	W	W	P					W	W						W	8	1		✓
49	Mashego Princess	4			W	W		P	P	P	P	W	W	P	P		P	P	W	W	P					W	W						W	9		✓	
50	Mashigo Asemahle	4			W	W		P	P	P	P	W	W	P	P		P	P	W	W	P					W	W						W	9		✓	
51	Mashile Opelong	1			W	W		A	A	A	A	W	W	A	A		A	A	W	W	A					W	W						W		9		✓
52	Masuku Lwandile	4			W	W		P	P	P	P	W	W	P	P		P	P	W	W	P					W	W						W	9		✓	
53	Masuku Unathi	4			W	W		P	P	P	P	W	W	P	P		P	P	W	W	P					W	W						W	9		✓	
54	Mathebula Nhlanhla	5			W	W		P	P	P	P	W	W	P	P		P	P	W	W	P					W	W						W	9			✓
55	Mathebula Thandolwethu	1			W	W		P	P	P	P	W	W	A	P		P	P	W	W	P					W	W						W	8	1		✓
56	Mathibela Phetho	4			W	W		P	P	P	P	W	W	P	P		P	A	W	W	P					W	W						W	8	1		✓
57	Matsane Greyson	4			W	W		P	P	P	P	W	W	P	P		P	P	W	W	P					W	W						W	9			✓
58	Matsane Ofentse	3			W	W		P	P	P	P	W	W	P	P		P	P	W	W	P					W	W						W	9			✓
59	Mazibane Gemini	3			W	W		P	P	P	P	W	W	P	P		P	P	W	W	P					W	W						W	9			✓
60	Mbiza Lwandile	6			W	W		A	P	P	P	W	W	P	P		P	P	W	W	P					W	W						W	8	1		✓
TOTAL NUMBER OF CHILDREN PRESENT								12	12	14	14			13	14		13	13			14																
TOTAL NUMBER OF CHILDREN ABSENT								3	3	1	1			2	1		2	2			1																

ADJUSTMENTS TO CHANGE IN NUMBER OF CHILDREN		
DESCRIPTION	TOTAL	COMMENTS
1. ADDITIONALS		
2. DROP -OUTS		
3. TRANSFERRED		
4. DECEASED		

N.B* THE TOTALS MUST CROSS BALANCE

MARK WITH: (P, A OR W)

PRESENT
ABSENT
WEEKEND

I DECLARE THAT THE INFORMATION IS CORRECT AND A TRUE REFLECTION

CHAIRPERSON
DATE

PRINCIPAL
DATE

TREASURER
DATE

DEPARTMENTAL REPRESENTATIVE: _____

DATE: _____

DAILY ATTENDANCE REGISTER

ECD NAME: Bethel Crèche & Pre-School

MONTH: October

YEAR: 2026

QUARTER: 4

WARD:

			DAYS OF THE MONTH																															DAYS	DAYS	SUBSIDISED	
																																		(P)	(A)	(X OR ✓)	
NO	NAME AND SURNAME	AGE	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31			YES	NO
61	Mchulu Rhulane	4			W	W		P	P	P	P	W	W	P	P		P	P	W	W	P					W	W						W	9		✓	
62	Mdluli Ayama	4			W	W		P	P	P	P	W	W	P	P		P	P	W	W	P					W	W						W	9		✓	
63	Mdluli Kayton				W	W		P	P	P	P	W	W	P	P		A	A	W	W	P					W	W						W	7	2		✓
64	Mdluli Mpho				W	W		P	P	P	P	W	W	P	P		P	P	W	W	P					W	W						W	9			✓
65	Mdluli Olwethu	3			W	W		A	A	A	A	W	W	P	P		P	P	W	W	P					W	W						W	5	4	✓	
66	Methula Ayama	3			W	W		P	P	P	P	W	W	P	P		P	P	W	W	P					W	W						W	9		✓	
67	Mgiba Nsika	3			W	W		P	P	P	P	W	W	P	P		P	P	W	W	P					W	W						W	9		✓	
68	Mgibe Tshego	5			W	W		A	P	P	A	W	W	P	A		A	A	W	W	A					W	W						W	3	6		✓
69	Mgwenya Bayandile	3			W	W		P	P	P	P	W	W	P	P		P	P	W	W	P					W	W						W	9		✓	
70	Mgwenya Mellod	5			W	W		P	P	P	P	W	W	P	P		P	P	W	W	P					W	W						W	9		✓	
71	Mgwenya Nonhle	6			W	W		P	P	P	P	W	W	P	P		P	P	W	W	P					W	W						W	9			✓
72	Mgwenya Smamukele	5			W	W		P	P	P	A	W	W	P	P		P	P	W	W	P					W	W						W	8	1		✓
73	Mhaule Langelihle	5			W	W		P	P	P	P	W	W	P	P		P	P	W	W	P					W	W						W	9			✓
74	Mhlaba Brianna	3			W	W		A	P	P	P	W	W	P	P		P	A	W	W	A					W	W						W	6	3	✓	
75	Mhlanga Marquisa	2			W	W		P	P	P	P	W	W	P	P		P	P	W	W	P					W	W						W	9			✓
TOTAL NUMBER OF CHILDREN PRESENT								12	14	14	12				15	14		13	12			13															
TOTAL NUMBER OF CHILDREN ABSENT								3	1	1	3					1		2	3			2															

ADJUSTMENTS TO CHANGE IN NUMBER OF CHILDREN

DESCRIPTION	TOTAL	COMMENTS
1. ADDITIONALS		
2. DROP -OUTS		
3. TRANSFERRED		
4. DECEASED		

N.B* THE TOTALS MUST CROSS BALANCE

MARK WITH: (P, A OR W)

PRESENT

ABSENT

WEEKEND

I DECLARE THAT THE INFORMATION IS CORRECT AND A TRUE REFLECTION

CHAIRPERSON

PRINCIPAL

TREASURER

DATE

DATE

DATE

DEPARTMENTAL REPRESENTATIVE: _____

DATE: _____

DAILY ATTENDANCE REGISTER

ECD NAME: Bethel Crèche & Pre-School

MONTH: October

YEAR: 2026

QUARTER: 4

WARD:

ED NAME: Delmer Creche & Pre-School			MONTH: October			YEAR: 2020			QUARTER: 4			WARD:																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																		
-------------------------------------	--	--	----------------	--	--	------------	--	--	------------	--	--	-------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

ADJUSTMENTS TO CHANGE IN NUMBER OF CHILDREN		
DESCRIPTION	TOTAL	COMMENTS
1. ADDITIONALS		
2. DROP -OUTS		
3. TRANSFERRED		
4. DECEASED		

N.B* THE TOTALS MUST CROSS BALANCE

MARK WITH: (P, A OR W)

PRESENT
ABSENT
WEEKEND

I DECLARE THAT THE INFORMATION IS CORRECT AND A TRUE REFLECTION

CHAIRPERSON

DATE

PRINCIPAL

DATE

TREASURER

DATE

DEPARTMENTAL REPRESENTATIVE: _____

DATE: _____

DAILY ATTENDANCE REGISTER

ECD NAME: Bethel Crèche & Pre-School

MONTH: October

YEAR: 2026

QUARTER: 4

WARD:

SCHOOL NAME: Dufferin Creche & Pre-School		MONTH: October		YEAR: 2020		QUARTER: 4		WARD:		DAYS OF THE MONTH																																DAYS	DAYS	SUBSIDISED (X OR ✓)	
NO	NAME AND SURNAME	AGE	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	(P)	(A)	YES	NO								
91	Mnisi Leon	4			W	W		P	P	P	P	W	W	P	P		P	P	W	W	P					W	W						W	9		✓									
92	Mnisi Nqubeko	1			W	W		A	P	P	P	W	W	P	P		P	P	W	W	P					W	W						W	8	1	✓									
93	Mnisi Qiniso	5			W	W		A	P	P	P	W	W	P	P		P	P	W	W	P					W	W						W	8	1		✓								
94	Mnisi Royalty	4			W	W		P	P	P	P	W	W	P	P		P	P	W	W	P					W	W						W	9		✓									
95	Mnisi Sithelo	5			W	W		P	P	P	P	W	W	P	P		P	P	W	W	P					W	W						W	9		✓									
96	Mohale Manqoba	4			W	W		P	P	P	P	W	W	P	P		P	P	W	W	P					W	W						W	9		✓									
97	Mokoena Alwande	4			W	W		P	P	P	P	W	W	P	P		P	P	W	W	P					W	W						W	9		✓									
98	Mokoena Itumeleng	5			W	W		P	P	P	P	W	W	P	P		P	P	W	W	P					W	W						W	9		✓									
99	Mokoena Kelebogile	5			W	W		P	P	P	P	W	W	P	P		P	P	W	W	P					W	W						W	9			✓								
	Mokoena Melokuhle	4			W	W		P	P	P	P	W	W	P	P		P	P	W	W	P					W	W						W	9		✓									
	Mokoena Mkhululi	3			W	W		P	P	P	P	W	W	P	P		A	A	W	W	P					W	W						W	7	2	✓									
	Mokoena Neo	4			W	W		A	P	P	P	W	W	P	P		P	P	W	W	P					W	W						W	8	1	✓									
	Mokoena Sihle	4			W	W		P	P	P	P	W	W	P	P		P	P	W	W	P					W	W						W	9			✓								
	Mokoena Siphesihle	4			W	W		P	P	P	P	W	W	P	P		P	P	W	W	P					W	W						W	9		✓									
	Mokoena Thato	4			W	W		P	A	A	P	W	W	P	P		P	A	W	W	P					W	W						W	6	3		✓								
TOTAL NUMBER OF CHILDREN PRESENT								12	14	14	15			15	15		14	13			15																								
TOTAL NUMBER OF CHILDREN ABSENT								3	1	1							1	2																											

ADJUSTMENTS TO CHANGE IN NUMBER OF CHILDREN		
DESCRIPTION	TOTAL	COMMENTS
1. ADDITIONALS		
2. DROP -OUTS		
3. TRANSFERRED		
4. DECEASED		

N.B* THE TOTALS MUST CROSS BALANCE

MARK WITH: (P, A OR W)

PRESENT
ABSENT
WEEKEND

I DECLARE THAT THE INFORMATION IS CORRECT AND A TRUE REFLECTION

CHAIRPERSON

DATE

PRINCIPAL

DATE

TREASURER

DATE

DEPARTMENTAL REPRESENTATIVE: _____

DATE: _____

DAILY ATTENDANCE REGISTER

ECD NAME: Bethel Crèche & Pre-School

MONTH: October

YEAR: 2026

QUARTER: 4

WARD:

			DAYS OF THE MONTH																															DAYS	DAYS	SUBSIDISED	
																																		(P)	(A)	(X OR ✓)	
NO	NAME AND SURNAME	AGE	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31			YES	NO
	Mona Hlelo	5			W	W		P	P	P	P	W	W	P	P		P	P	W	W	P					W	W						W	9		✓	
	Mona Langaletu	5			W	W		A	P	P	P	W	W	P	P		P	P	W	W	P					W	W						W	8	1	✓	
	Mona Lwando	4			W	W		A	P	P	P	W	W	P	P		P	P	W	W	P					W	W						W	8	1		✓
	Mona Melokuhle	3			W	W		A	P	A	P	W	W	A	P		A	A	W	W	P					W	W						W	4	5		✓
	Mona Mpendulo	5			W	W		P	P	P	P	W	W	P	P		P	P	W	W	P					W	W						W	9		✓	
	Monareng Ziyanda				W	W		A	P	P	P	W	W	P	P		A	A	W	W	P					W	W						W	6	3		✓
	Morena Kgoshi	2			W	W		A	P	P	P	W	W	A	P		P	P	W	W	P					W	W						W	7	2		✓
	Moyana Nkazimulo	3			W	W		P	P	P	P	W	W	P	P		P	P	W	W	P					W	W						W	9		✓	
	Msimango Bohlale	4			W	W		P	P	P	P	W	W	P	P		P	P	W	W	P					W	W						W	9		✓	
	Msimango Kamogelo	4			W	W		P	P	P	P	W	W	P	P		P	A	W	W	P					W	W						W	8	1	✓	
	Nake Amanhle	4			W	W		P	P	P	P	W	W	P	P		P	P	W	W	P					W	W						W	9		✓	
	Nake Rorisang	5			W	W		P	P	P	P	W	W	P	P		P	P	W	W	P					W	W						W	9			✓
	Ndhlakude Botshelo	4			W	W		P	P	P	P	W	W	P	P		P	P	W	W	P					W	W						W	9		✓	
	Ndhlovu Quinton				W	W		P	P	P	P	W	W	A	P		A	P	W	W	P					W	W						W	7	2		✓
	Ndlovu Ayabonga	5			W	W		P	P	P	P	W	W	P	P		P	P	W	W	P					W	W						W	9		✓	
TOTAL NUMBER OF CHILDREN PRESENT								10	15	14	15			12	15		12	12			15																
TOTAL NUMBER OF CHILDREN ABSENT								5		1				3			3	3																			

ADJUSTMENTS TO CHANGE IN NUMBER OF CHILDREN		
DESCRIPTION	TOTAL	COMMENTS
1. ADDITIONALS		
2. DROP -OUTS		
3. TRANSFERRED		
4. DECEASED		

N.B* THE TOTALS MUST CROSS BALANCE

MARK WITH: (P, A OR W)

PRESENT
ABSENT
WEEKEND

I DECLARE THAT THE INFORMATION IS CORRECT AND A TRUE REFLECTION

CHAIRPERSON

DATE

PRINCIPAL

DATE

TREASURER

DATE

DEPARTMENTAL REPRESENTATIVE: _____

DATE: _____

DAILY ATTENDANCE REGISTER

ECD NAME: Bethel Crèche & Pre-School

MONTH: October

YEAR: 2026

QUARTER: 4

WARD:

SCHOOL NAME: Beller Creek & Pte School			MONTH: October		YEAR: 2020		QUARTER: 4		WARD:		DAYS OF THE MONTH																					DAYS	DAYS	SUBSIDISED (X OR ✓)			
NO	NAME AND SURNAME	AGE	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	(P)	(A)	YES	NO
	Ngobe William	3			W	W		P	P	P	P	W	W	P	P		P	P	W	W	P					W	W						W	9			✓
	Ngobe Zanenkosi	4			W	W		P	P	P	P	W	W	P	A		P	A	W	W	P					W	W						W	7	2		✓
	Ngobeni Clade	3			W	W		P	P	P	P	W	W	A	A		A	A	W	W	P					W	W						W	5	4		✓
	Ngobeni Clayde	3			W	W		A	P	P	A	W	W	P	A		P	A	W	W	A					W	W						W	4	5		✓
	Ngomane Linhle	4			W	W		P	P	P	P	W	W	P	P		P	P	W	W	P					W	W						W	9		✓	
	Ngomane Phiwokuhle	4			W	W		P	P	P	P	W	W	P	P		P	P	W	W	P					W	W						W	9		✓	
	Ngomane Zanothando	4			W	W		P	P	P	P	W	W	P	P		P	A	W	W	P					W	W						W	8	1	✓	
	Ngungu Lennon	2			W	W		A	A	P	A	W	W	P	P		P	P	W	W	P					W	W						W	6	3	✓	
	Ngwenya Liam	3			W	W		A	P	P	A	W	W	P	P		P	P	W	W	P					W	W						W	7	2		✓
	Ngwenya Mvelo	3			W	W		A	P	A	P	W	W	P	A		P	A	W	W	P					W	W						W	5	4		✓
	Ngwenya Terrian	4			W	W		A	A	A	A	W	W	A	A		A	A	W	W	A					W	W						W		9		✓
	Nkambule Minenhle	4			W	W		A	P	A	A	W	W	P	P		P	P	W	W	A					W	W						W	5	4	✓	
	Nkosi Enzokuhle	5			W	W		P	P	P	P	W	W	P	P		P	P	W	W	P					W	W						W	9		✓	
	Nkosi Lebone Pearl	3			W	W		P	P	P	P	W	W	P	P		P	P	W	W	P					W	W						W	9		✓	
	Nkosi Sinokuhle	4			W	W		A	A	P	A	W	W	A	A		A	A	W	W	P					W	W						W	2	7		✓
TOTAL NUMBER OF CHILDREN PRESENT								8	12	12	9			12	9		12	8			12																
TOTAL NUMBER OF CHILDREN ABSENT								7	3	3	6			3	6		3	7			3																

ADJUSTMENTS TO CHANGE IN NUMBER OF CHILDREN		
DESCRIPTION	TOTAL	COMMENTS
1. ADDITIONALS		
2. DROP -OUTS		
3. TRANSFERRED		
4. DECEASED		

N.B* THE TOTALS MUST CROSS BALANCE

MARK WITH: (P, A OR W)

PRESENT
ABSENT
WEEKEND

I DECLARE THAT THE INFORMATION IS CORRECT AND A TRUE REFLECTION

CHAIRPERSON

DATE

PRINCIPAL

DATE

TREASURER

DATE

DEPARTMENTAL REPRESENTATIVE: _____

DATE: _____

DAILY ATTENDANCE REGISTER

ECD NAME: Bethel Crèche & Pre-School

MONTH: October

YEAR: 2026

QUARTER: 4

WARD:

SCHOOL NAME: Dufferin Creche & Pre-School			MONTH: October														YEAR: 2020														QUARTER: 4														WARD: 1														SUBSIDISED	
			DAYS OF THE MONTH														DAYS		DAYS		(X OR ✓)																																							
NO	NAME AND SURNAME	AGE	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	(P)	(A)	YES	NO																							
	Nkosi Snakekelo	5			W	W		P	P	P	P	W	W	P	P		P	P	W	W	P					W	W						W	9			✓																							
	Nkosi Zanokuhle	4			W	W		P	A	A	P	W	W	P	P		P	P	W	W	P					W	W						W	7	2		✓																							
	Nkuna Asiphe	5			W	W		P	P	P	P	W	W	P	P		P	P	W	W	P					W	W						W	9			✓																							
	Nkuna Karabo	4			W	W		A	A	A	A	W	W	A	A		A	A	W	W	A					W	W						W		9			✓																						
	Nobunga Amara	4			W	W		A	P	P	P	W	W	P	P		P	P	W	W	A					W	W						W	7	2		✓																							
	Nonyane Nkhosikhona	4			W	W		P	P	P	P	W	W	P	P		P	A	W	W	P					W	W						W	8	1		✓																							
	Nonyane Ocean	4			W	W		P	P	P	P	W	W	P	P		P	P	W	W	P					W	W						W	9			✓																							
	Ntimba Tumi	4			W	W		P	P	P	P	W	W	P	P		P	P	W	W	P					W	W						W	9			✓																							
	Nyathikazi Charisma	4			W	W		P	P	P	P	W	W	P	P		P	P	W	W	P					W	W						W	9			✓																							
	Nyundu Happiness	5			W	W		P	P	P	P	W	W	P	P		P	P	W	W	P					W	W						W	9			✓																							
	Ramashia Kingsly	5			W	W		P	P	P	P	W	W	P	P		P	P	W	W	P					W	W						W	9			✓																							
	Roberto Itel	5			W	W		A	P	A	P	W	W	P	P		P	P	W	W	P					W	W						W	7	2		✓																							
	Sambo Sphokazi	4			W	W		P	P	P	P	W	W	P	P		P	P	W	W	P					W	W						W	9			✓																							
	Sedibe Melisa	4			W	W		P	P	P	P	W	W	P	P		P	P	W	W	P					W	W						W	9			✓																							
	Sengwane Babongile	4			W	W		P	P	P	P	W	W	P	P		P	P	W	W	P					W	W						W	9			✓																							
TOTAL NUMBER OF CHILDREN PRESENT								12	13	12	14			14	14		14	13			13																																							
TOTAL NUMBER OF CHILDREN ABSENT								3	2	3	1			1	1		1	2			2																																							

ADJUSTMENTS TO CHANGE IN NUMBER OF CHILDREN		
DESCRIPTION	TOTAL	COMMENTS
1. ADDITIONALS		
2. DROP -OUTS		
3. TRANSFERRED		
4. DECEASED		

N.B* THE TOTALS MUST CROSS BALANCE

MARK WITH: (P, A OR W)

PRESENT
ABSENT
WEEKEND

I DECLARE THAT THE INFORMATION IS CORRECT AND A TRUE REFLECTION

CHAIRPERSON

DATE

PRINCIPAL

DATE

TREASURER

DATE

DEPARTMENTAL REPRESENTATIVE: _____

DATE: _____

DAILY ATTENDANCE REGISTER

ECD NAME: Bethel Crèche & Pre-School

MONTH: October

YEAR: 2026

QUARTER: 4

WARD:

			DAYS OF THE MONTH																															DAYS	DAYS	SUBSIDISED	
NO	NAME AND SURNAME	AGE	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	(P)	(A)	YES	NO
	Sengwayo Hlelolwakhe	4			W	W		P	P	P	P	W	W	P	P		P	P	W	W	P					W	W						W	9		✓	
	Shabangu Bonolo	5			W	W		P	P	P	P	W	W	P	P		P	P	W	W	P					W	W						W	9		✓	
	Shabangu Kgopotso	5			W	W		A	A	P	A	W	W	P	P		P	A	W	W	P					W	W						W	5	4	✓	
	Shabangu Muhluri	5			W	W		A	A	P	A	W	W	P	P		P	P	W	W	P					W	W						W	6	3	✓	
	Shikaya Lihle	4			W	W		P	P	P	P	W	W	P	P		P	P	W	W	P					W	W						W	9			✓
	Shongwe Lwandile	2			W	W		A	P	P	P	W	W	P	P		A	P	W	W	P					W	W						W	7	2	✓	
	Sibiya Alwande	5			W	W		P	P	P	P	W	W	P	P		P	P	W	W	P					W	W						W	9			✓
	Sibiya Ziyanda	3			W	W		P	P	P	P	W	W	A	P		P	P	W	W	P					W	W						W	8	1	✓	
	Sono Onalerona	4			W	W		A	P	A	P	W	W	A	P		A	P	W	W	P					W	W						W	5	4		✓
	Sundlhane Ntsako	5			W	W		P	P	P	P	W	W	P	P		P	P	W	W	P					W	W						W	9			✓
	Thabethe Angel	5			W	W		A	A	P	P	W	W	A	P		P	P	W	W	A					W	W						W	5	4		✓
	Thagane Banele				W	W		P	P	P	A	W	W	P	A		P	A	W	W	P					W	W						W	6	3		✓
	Theko Minenhle	5			W	W		P	P	P	P	W	W	P	P		P	P	W	W	P					W	W						W	9			✓
	Vandhla Sky	1			W	W		A	P	P	A	W	W	P	A		P	A	W	W	A					W	W						W	4	5		✓
	Vilakazi Cobolwakhe	2			W	W		A	P	A	P	W	W	P	A		P	P	W	W	P					W	W						W	6	3		✓
TOTAL NUMBER OF CHILDREN PRESENT								8	12	13	11			12	12		13	12			13																
TOTAL NUMBER OF CHILDREN ABSENT								7	3	2	4			3	3		2	3			2																

ADJUSTMENTS TO CHANGE IN NUMBER OF CHILDREN		
DESCRIPTION	TOTAL	COMMENTS
1. ADDITIONALS		
2. DROP -OUTS		
3. TRANSFERRED		
4. DECEASED		

N.B* THE TOTALS MUST CROSS BALANCE

MARK WITH: (P, A OR W)

PRESENT
ABSENT
WEEKEND

I DECLARE THAT THE INFORMATION IS CORRECT AND A TRUE REFLECTION

CHAIRPERSON

DATE

PRINCIPAL

DATE

TREASURER

DATE

DEPARTMENTAL REPRESENTATIVE: _____

DATE: _____