

DAILY ATTENDANCE REGISTER

ECD NAME: Bethel Crèche & Pre-School

MONTH: October

YEAR: 2026

QUARTER: 4

WARD:

SCHOOL NAME: Debuter Creche & Pre-School			MONTH: October			YEAR: 2020			QUARTER: 4			WARD: 1																				DAYS	DAYS	SUBSIDISED (X OR ✓)					
				DAYS OF THE MONTH																																DAYS	DAYS		
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					W	W						W	W						W	1	5	✓	
2	Chabata Aliyah		4			W	W		P	P	P	P	W	W	P	P					W	W						W	W						W	6		✓	
3	Chiloane Zanoxolo		4			W	W		P	P	P	P	W	W	P	P					W	W						W	W						W	6		✓	
4	Credo Mashaba		4			W	W		P	P	P	P	W	W	P	P					W	W						W	W						W	6			
5	Devese Kairo		4			W	W		A	P	P	A	W	W	P	A					W	W						W	W						W	3	3		✓
6	Dibakwane Bokang		4			W	W		P	P	P	P	W	W	P	P					W	W						W	W						W	6		✓	
7	Dlamini Sithelakuhla		4			W	W		P	P	P	P	W	W	P	P					W	W						W	W						W	6		✓	
8	Dube Anele		4			W	W		P	P	P	P	W	W	P	P					W	W						W	W						W	6		✓	
9	Dube Junior		2			W	W		P	P	P	P	W	W	P	P					W	W						W	W						W	6		✓	
10	Dube Zanokuhle					W	W		A	P	P	P	W	W	P	A					W	W						W	W						W	4	2		✓
11	Fakude Lethothule		2			W	W		A	A	A	A	W	W	A	A					W	W						W	W						W		6		✓
12	Fakude Simthandile		4			W	W		P	P	P	P	W	W	P	P					W	W						W	W						W	6		✓	
13	Fankomo Lazoya		3			W	W		P	P	P	P	W	W	P	P					W	W						W	W						W	6		✓	
14	Hobyane Mikhenso		2			W	W		A	P	P	A	W	W	P	A					W	W						W	W						W	3	3		✓
15	Kgoedi Melokuhle		5			W	W		P	P	P	P	W	W	P	P					W	W						W	W						W	6		✓	
TOTAL NUMBER OF CHILDREN PRESENT										10	13	13	12			13	10																						
TOTAL NUMBER OF CHILDREN ABSENT										5	2	2	3			2	5																						

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		
16	Khoza Justice	1			W	W		P	P	P	P	W	W	P	P				W	W						W	W						W	6			✓		
17	Khoza Sbhongokuhle	4			W	W		P	P	P	P	W	W	P	P				W	W						W	W						W	6			✓		
18	Khumalo Fion	4			W	W		P	P	P	P	W	W	P	P				W	W						W	W						W	6			✓		
19	Khumalo Pelliah	4			W	W		P	P	P	P	W	W	P	P				W	W						W	W						W	6			✓		
20	Kiara Sanderson	5			W	W		P	P	P	P	W	W	P	P				W	W						W	W						W	6				✓	
21	Lamula Kgodoso	3			W	W		A	A	A	P	W	W	P	P				W	W						W	W						W	3	3			✓	
22	Lawrence Abby	4			W	W		A	P	P	A	W	W	A	A				W	W						W	W						W	2	4			✓	
23	Lawrence Taydén	4			W	W		A	P	P	A	W	W	A	A				W	W						W	W						W	2	4	✓			
24	Lekhuleni Monde	5			W	W		P	P	P	P	W	W	P	P				W	W						W	W						W	6				✓	
25	Lekhuleni Sanele	5			W	W		P	P	P	P	W	W	P	P				W	W						W	W						W	6			✓		
26	Letshane Bothlale	4			W	W		P	P	P	P	W	W	P	P				W	W						W	W						W	6			✓		
27	Leyane Sphiwosethu	3			W	W		P	P	P	P	W	W	P	P				W	W						W	W						W	6				✓	
28	Liyam Sanderson	4			W	W		P	P	P	P	W	W	P	P				W	W						W	W						W	6			✓		
29	Lubisi Favour	4			W	W		P	P	P	P	W	W	P	P				W	W						W	W						W	6			✓		
30	Mabila Ubenami	2			W	W		P	P	P	P	W	W	P	P				W	W						W	W						W	6			✓		
TOTAL NUMBER OF CHILDREN PRESENT								12	14	14	13			13	13																								
TOTAL NUMBER OF CHILDREN ABSENT								3	1	1	2			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

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ABSENT
WEEKEND

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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				W	W						W	W						W	6		✓	
32	Mahatlani Wakwetsima	5			W	W		A	P	P	P	W	W	P	P				W	W						W	W						W	5	1	✓	
33	Maila Lisa	2			W	W		P	P	P	P	W	W	P	P				W	W						W	W						W	6		✓	
34	Makola Boikano	4			W	W		P	P	P	P	W	W	P	P				W	W						W	W						W	6		✓	
35	Makwela Charisma	4			W	W		P	P	P	A	W	W	P	P				W	W						W	W						W	5	1	✓	
36	Malete Nkazimulo	5			W	W		P	P	P	P	W	W	P	P				W	W						W	W						W	6			✓
37	Malope Lerumo	4			W	W		P	P	P	P	W	W	P	P				W	W						W	W						W	6		✓	
38	Maluleke Enelo	4			W	W		A	P	P	A	W	W	P	P				W	W						W	W						W	4	2		✓
39	Maluleke Gendo	1			W	W		A	P	P	A	W	W	P	P				W	W						W	W						W	4	2		✓
40	Malumane Hlelokuhle	5			W	W		A	P	A	A	W	W	A	P				W	W						W	W						W	2	4		✓
41	Manhique Keitumetsi	4			W	W		P	P	P	P	W	W	P	P				W	W						W	W						W	6			✓
42	Manzini Andzani	5			W	W		P	P	P	P	W	W	P	P				W	W						W	W						W	6			✓
43	Maphanga Dumisile	5			W	W		P	P	P	P	W	W	P	P				W	W						W	W						W	6			✓
44	Marula Bokamosa	4			W	W		P	P	P	P	W	W	P	P				W	W						W	W						W	6		✓	
45	Maseko Onalerona	4			W	W		A	P	A	A	W	W	P	A				W	W						W	W						W	2	4	✓	
TOTAL NUMBER OF CHILDREN PRESENT								10	15	13	10			14	14																						
TOTAL NUMBER OF CHILDREN ABSENT								5		2	5			1	1																						

ADJUSTMENTS TO CHANGE IN NUMBER OF CHILDREN		
DESCRIPTION	TOTAL	COMMENTS
1. ADDITIONALS		
2. DROP -OUTS		
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N.B* THE TOTALS MUST CROSS BALANCE

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DEPARTMENTAL REPRESENTATIVE: _____

DATE: _____

DAILY ATTENDANCE REGISTER

MONTH: October

YEAR: 2026

QUARTER: 4

WARD:

[illegible]

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

MARK WITH: (P, A OR W)

PRESENT
ABSENT
WEEKEND

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: Delani Creche & Pre-School			MONTH: October			YEAR: 2020			QUARTER: 4			WARD:																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																		
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ADJUSTMENTS TO CHANGE IN NUMBER OF CHILDREN		
DESCRIPTION	TOTAL	COMMENTS
1. ADDITIONALS		
2. DROP -OUTS		
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N.B* THE TOTALS MUST CROSS BALANCE

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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	
76	Milazi Wandile	3			W	W		A	P	P	P	W	W	A	P				W	W						W	W						W	4	2		✓	
77	Mkhabela Sphokuhle	4			W	W		P	P	P	P	W	W	P	P				W	W						W	W						W	6		✓		
78	Mkhabela Tirani	4			W	W		P	P	P	P	W	W	P	P				W	W						W	W						W	6		✓		
79	Mkhabela Tiyani	4			W	W		P	P	P	P	W	W	P	P				W	W						W	W						W	6			✓	
80	Mkhantswa Langelihle	2			W	W		P	P	P	P	W	W	P	P				W	W						W	W						W	6		✓		
81	Mkhomazi Langelihle	4			W	W		P	P	P	P	W	W	P	P				W	W						W	W						W	6		✓		
82	Mkhondo Lethabo	5			W	W		P	P	A	P	W	W	P	P				W	W						W	W						W	5	1	✓		
83	Mkhonto Oarabile	4			W	W		P	P	P	P	W	W	P	P				W	W						W	W						W	6		✓		
84	Mkhonto Tlotliso	0			W	W		A	P	P	P	W	W	P	P				W	W						W	W						W	5	1		✓	
85	Mkhonto Vernon	3			W	W		A	P	P	P	W	W	P	P				W	W						W	W						W	5	1		✓	
86	Mlombo Elami	3			W	W		P	P	P	P	W	W	P	P				W	W						W	W						W	6		✓		
87	Mndawe Nhlanhlayethu				W	W		P	P	P	P	W	W	P	P				W	W						W	W						W	6		✓		
88	Mndawe Stsandziwe	5			W	W		P	P	P	P	W	W	P	P				W	W						W	W						W	6		✓		
89	Mnisi Aphiwe	2			W	W		P	P	P	P	W	W	P	P				W	W						W	W						W	6		✓		
90	Mnisi Khwezikazi	2			W	W		P	P	P	P	W	W	P	P				W	W						W	W						W	6		✓		
TOTAL NUMBER OF CHILDREN PRESENT								12	15	14	15			14	15																							
TOTAL NUMBER OF CHILDREN ABSENT								3		1				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 (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				W	W						W	W						W	6		✓	
92	Mnisi Nqubeko	1			W	W		A	P	P	P	W	W	P	P				W	W						W	W						W	5	1	✓	
93	Mnisi Qiniso	5			W	W		A	P	P	P	W	W	P	P				W	W						W	W						W	5	1		✓
94	Mnisi Royalty	4			W	W		P	P	P	P	W	W	P	P				W	W						W	W						W	6		✓	
95	Mnisi Sithelo	5			W	W		P	P	P	P	W	W	P	P				W	W						W	W						W	6		✓	
96	Mohale Manqoba	4			W	W		P	P	P	P	W	W	P	P				W	W						W	W						W	6		✓	
97	Mokoena Alwande	4			W	W		P	P	P	P	W	W	P	P				W	W						W	W						W	6		✓	
98	Mokoena Itumeleng	5			W	W		P	P	P	P	W	W	P	P				W	W						W	W						W	6		✓	
99	Mokoena Kelebogile	5			W	W		P	P	P	P	W	W	P	P				W	W						W	W						W	6			✓
	Mokoena Melokuhle	4			W	W		P	P	P	P	W	W	P	P				W	W						W	W						W	6		✓	
	Mokoena Mkhululi	3			W	W		P	P	P	P	W	W	P	P				W	W						W	W						W	6		✓	
	Mokoena Neo	4			W	W		A	P	P	P	W	W	P	P				W	W						W	W						W	5	1	✓	
	Mokoena Sihle	4			W	W		P	P	P	P	W	W	P	P				W	W						W	W						W	6			✓
	Mokoena Siphesihle	4			W	W		P	P	P	P	W	W	P	P				W	W						W	W						W	6		✓	
	Mokoena Thato	4			W	W		P	A	A	P	W	W	P	P				W	W						W	W						W	4	2		✓
TOTAL NUMBER OF CHILDREN PRESENT								12	14	14	15			15	15																						
TOTAL NUMBER OF CHILDREN ABSENT								3	1	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
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WEEKEND

I DECLARE THAT THE INFORMATION IS CORRECT AND A TRUE REFLECTION

CHAIRPERSON

DATE

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DATE

DEPARTMENTAL REPRESENTATIVE: _____

DATE: _____

DAILY ATTENDANCE REGISTER

ECD NAME: Bethel Crèche & Pre-School

MONTH: October

YEAR: 2026

QUARTER: 4

WARD:

NO			DAYS OF THE MONTH																															DAYS	DAYS	SUBSIDISED		
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
	Mona Hlelo	5			W	W		P	P	P	P	W	W	P	P					W	W						W	W						W	6		✓	
	Mona Langaletu	5			W	W		A	P	P	P	W	W	P	P					W	W						W	W						W	5	1	✓	
	Mona Lwando	4			W	W		A	P	P	P	W	W	P	P					W	W						W	W						W	5	1		✓
	Mona Melokuhle	3			W	W		A	P	A	P	W	W	A	P					W	W						W	W						W	3	3		✓
	Mona Mpendulo	5			W	W		P	P	P	P	W	W	P	P					W	W						W	W						W	6		✓	
	Monareng Ziyanda				W	W		A	P	P	P	W	W	P	P					W	W						W	W						W	5	1		✓
	Morena Kgoshi	2			W	W		A	P	P	P	W	W	A	P					W	W						W	W						W	4	2		✓
	Moyana Nkazimulo	3			W	W		P	P	P	P	W	W	P	P					W	W						W	W						W	6		✓	
	Msimango Bohlale	4			W	W		P	P	P	P	W	W	P	P					W	W						W	W						W	6		✓	
	Msimango Kamogelo	4			W	W		P	P	P	P	W	W	P	P					W	W						W	W						W	6		✓	
	Nake Amanhle	4			W	W		P	P	P	P	W	W	P	P					W	W						W	W						W	6		✓	
	Nake Rorisang	5			W	W		P	P	P	P	W	W	P	P					W	W						W	W						W	6			✓
	Ndhlakude Botshelo	4			W	W		P	P	P	P	W	W	P	P					W	W						W	W						W	6		✓	
	Ndhlovu Quinton				W	W		P	P	P	P	W	W	A	P					W	W						W	W						W	5	1		✓
	Ndlovu Ayabonga	5			W	W		P	P	P	P	W	W	P	P					W	W						W	W						W	6		✓	
TOTAL NUMBER OF CHILDREN PRESENT								10	15	14	15			12	15																							
TOTAL NUMBER OF CHILDREN ABSENT								5		1				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 & 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
	Ngobe William	3			W	W		P	P	P	P	W	W	P	P				W	W						W	W						W	6			✓
	Ngobe Zanenkosi	4			W	W		P	P	P	P	W	W	P	A				W	W						W	W						W	5	1		✓
	Ngobeni Clade	3			W	W		P	P	P	P	W	W	A	A				W	W						W	W						W	4	2		✓
	Ngobeni Clayde	3			W	W		A	P	P	A	W	W	P	A				W	W						W	W						W	3	3		✓
	Ngomane Linhle	4			W	W		P	P	P	P	W	W	P	P				W	W						W	W						W	6		✓	
	Ngomane Phiwokuhle	4			W	W		P	P	P	P	W	W	P	P				W	W						W	W						W	6		✓	
	Ngomane Zanothando	4			W	W		P	P	P	P	W	W	P	P				W	W						W	W						W	6		✓	
	Ngungu Lennon	2			W	W		A	A	P	A	W	W	P	P				W	W						W	W						W	3	3	✓	
	Ngwenya Liam	3			W	W		A	P	P	A	W	W	P	P				W	W						W	W						W	4	2		✓
	Ngwenya Mvelo	3			W	W		A	P	A	P	W	W	P	A				W	W						W	W						W	3	3		✓
	Ngwenya Terrian	4			W	W		A	A	A	A	W	W	A	A				W	W						W	W						W		6		✓
	Nkambule Minenhle	4			W	W		A	P	A	A	W	W	P	P				W	W						W	W						W	3	3	✓	
	Nkosi Enzokuhle	5			W	W		P	P	P	P	W	W	P	P				W	W						W	W						W	6		✓	
	Nkosi Lebone Pearl	3			W	W		P	P	P	P	W	W	P	P				W	W						W	W						W	6		✓	
	Nkosi Sinokuhle	4			W	W		A	A	P	A	W	W	A	A				W	W						W	W						W	1	5		✓
TOTAL NUMBER OF CHILDREN PRESENT								8	12	12	9			12	9																						
TOTAL NUMBER OF CHILDREN ABSENT								7	3	3	6			3	6																						

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								
	Nkosi Snakekelo	5			W	W		P	P	P	P	W	W	P	P					W	W						W	W						W	6		✓								
	Nkosi Zanokuhle	4			W	W		P	A	A	P	W	W	P	P					W	W						W	W						W	4	2	✓								
	Nkuna Asiphe	5			W	W		P	P	P	P	W	W	P	P					W	W						W	W						W	6		✓								
	Nkuna Karabo	4			W	W		A	A	A	A	W	W	A	A					W	W						W	W						W		6		✓							
	Nobunga Amara	4			W	W		A	P	P	P	W	W	P	P					W	W						W	W						W	5	1		✓							
	Nonyane Nkhosikhona	4			W	W		P	P	P	P	W	W	P	P					W	W						W	W						W	6		✓								
	Nonyane Ocean	4			W	W		P	P	P	P	W	W	P	P					W	W						W	W						W	6			✓							
	Ntimba Tumi	4			W	W		P	P	P	P	W	W	P	P					W	W						W	W						W	6			✓							
	Nyathikazi Charisma	4			W	W		P	P	P	P	W	W	P	P					W	W						W	W						W	6			✓							
	Nyundu Happiness	5			W	W		P	P	P	P	W	W	P	P					W	W						W	W						W	6		✓								
	Ramashia Kingsly	5			W	W		P	P	P	P	W	W	P	P					W	W						W	W						W	6		✓								
	Roberto Itel	5			W	W		A	P	A	P	W	W	P	P					W	W						W	W						W	4	2		✓							
	Sambo Sphokazi	4			W	W		P	P	P	P	W	W	P	P					W	W						W	W						W	6		✓								
	Sedibe Melisa	4			W	W		P	P	P	P	W	W	P	P					W	W						W	W						W	6			✓							
	Sengwane Babongile	4			W	W		P	P	P	P	W	W	P	P					W	W						W	W						W	6		✓								
TOTAL NUMBER OF CHILDREN PRESENT								12	13	12	14			14	14																														
TOTAL NUMBER OF CHILDREN ABSENT								3	2	3	1			1	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)

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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: 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								
	Sengwayo Hlelolwakhe	4			W	W		P	P	P	P	W	W	P	P					W	W						W	W						W	6		✓								
	Shabangu Bonolo	5			W	W		P	P	P	P	W	W	P	P					W	W						W	W						W	6		✓								
	Shabangu Kgopotso	5			W	W		A	A	P	A	W	W	P	P					W	W						W	W						W	3	3	✓								
	Shabangu Muhluri	5			W	W		A	A	P	A	W	W	P	P					W	W						W	W						W	3	3	✓								
	Shikaya Lihle	4			W	W		P	P	P	P	W	W	P	P					W	W						W	W						W	6			✓							
	Shongwe Lwandile	2			W	W		A	P	P	P	W	W	P	P					W	W						W	W						W	5	1	✓								
	Sibiya Alwande	5			W	W		P	P	P	P	W	W	P	P					W	W						W	W						W	6			✓							
	Sibiya Ziyanda	3			W	W		P	P	P	P	W	W	A	P					W	W						W	W						W	5	1	✓								
	Sono Onalerona	4			W	W		A	P	A	P	W	W	A	P					W	W						W	W						W	3	3		✓							
	Sundlhane Ntsako	5			W	W		P	P	P	P	W	W	P	P					W	W						W	W						W	6			✓							
	Thabethe Angel	5			W	W		A	A	P	P	W	W	A	P					W	W						W	W						W	3	3		✓							
	Thagane Banele				W	W		P	P	P	A	W	W	P	A					W	W						W	W						W	4	2		✓							
	Theko Minenhle	5			W	W		P	P	P	P	W	W	P	P					W	W						W	W						W	6			✓							
	Vandhla Sky	1			W	W		A	P	P	A	W	W	P	A					W	W						W	W						W	3	3		✓							
	Vilakazi Cobolwakhe	2			W	W		A	P	A	P	W	W	P	A					W	W						W	W						W	3	3		✓							
TOTAL NUMBER OF CHILDREN PRESENT								8	12	13	11			12	12																														
TOTAL NUMBER OF CHILDREN ABSENT								7	3	2	4			3	3																														

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

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DEPARTMENTAL REPRESENTATIVE: _____

DATE: _____