

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
1	Botha Liam	3			W	W		A	A	A	P	W	W	A					W	W						W	W						W	1	4	✓	
2	Chabata Aliyah	4			W	W		P	P	P	P	W	W	P					W	W						W	W						W	5		✓	
3	Chiloane Zanoxolo	4			W	W		P	P	P	P	W	W	P					W	W						W	W						W	5		✓	
4	Credo Mashaba	4			W	W		P	P	P	P	W	W	P					W	W						W	W						W	5			
5	Devese Kairo	4			W	W		A	P	P	A	W	W	P					W	W						W	W						W	3	2		✓
6	Dibakwane Bokang	4			W	W		P	P	P	P	W	W	P					W	W						W	W						W	5		✓	
7	Dlamini Sithelakuhla	4			W	W		P	P	P	P	W	W	P					W	W						W	W						W	5		✓	
8	Dube Anele	4			W	W		P	P	P	P	W	W	P					W	W						W	W						W	5		✓	
9	Dube Junior	2			W	W		P	P	P	P	W	W	P					W	W						W	W						W	5		✓	
10	Dube Zanokuhle				W	W		A	P	P	P	W	W	P					W	W						W	W						W	4	1		✓
11	Fakude Lethothule	2			W	W		A	A	A	A	W	W	A					W	W						W	W						W		5		✓
12	Fakude Simthandile	4			W	W		P	P	P	P	W	W	P					W	W						W	W						W	5		✓	
13	Fankomo Lazoya	3			W	W		P	P	P	P	W	W	P					W	W						W	W						W	5		✓	
14	Hobyane Mikhenso	2			W	W		A	P	P	A	W	W	P					W	W						W	W						W	3	2		✓
15	Kgoedi Melokuhle	5			W	W		P	P	P	P	W	W	P					W	W						W	W						W	5		✓	
TOTAL NUMBER OF CHILDREN PRESENT								10	13	13	12			13																							
TOTAL NUMBER OF CHILDREN ABSENT								5	2	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: _____

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

MONTH: October			YEAR: 2020			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	
31	Mabuza Kwandokuhle	5			W	W		P	P	P	P	W	W	P					W	W						W	W						W	5			✓	
32	Mahatlani Wakwetsima	5			W	W		A	P	P	P	W	W	P					W	W						W	W						W	4	1		✓	
33	Maila Lisa	2			W	W		P	P	P	P	W	W	P					W	W						W	W						W	5			✓	
34	Makola Boikano	4			W	W		P	P	P	P	W	W	P					W	W						W	W						W	5			✓	
35	Makwela Charisma	4			W	W		P	P	P	A	W	W	P					W	W						W	W						W	4	1		✓	
36	Maletse Nkazimulo	5			W	W		P	P	P	P	W	W	P					W	W						W	W						W	5				✓
37	Malope Lerumo	4			W	W		P	P	P	P	W	W	P					W	W						W	W						W	5			✓	
38	Maluleke Enelo	4			W	W		A	P	P	A	W	W	P					W	W						W	W						W	3	2		✓	
39	Maluleke Gendo	1			W	W		A	P	P	A	W	W	P					W	W						W	W						W	3	2		✓	
40	Malumane Hlelokuhle	5			W	W		A	P	A	A	W	W	A					W	W						W	W						W	1	4		✓	
41	Manhique Keitumetsi	4			W	W		P	P	P	P	W	W	P					W	W						W	W						W	5			✓	
42	Manzini Andzani	5			W	W		P	P	P	P	W	W	P					W	W						W	W						W	5			✓	
43	Maphanga Dumisile	5			W	W		P	P	P	P	W	W	P					W	W						W	W						W	5			✓	
44	Marula Bokamosa	4			W	W		P	P	P	P	W	W	P					W	W						W	W						W	5			✓	
45	Maseko Onalerona	4			W	W		A	P	A	A	W	W	P					W	W						W	W						W	2	3		✓	
TOTAL NUMBER OF CHILDREN PRESENT								10	15	13	10			14																								
TOTAL NUMBER OF CHILDREN ABSENT								5		2	5			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:

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								
46	Mashabane Atlehang	4			W	W		P	A	P	P	W	W	P						W	W						W	W						W	4	1	✓								
47	Mashabane Nhlabulo	5			W	W		A	A	P	P	W	W	P						W	W						W	W						W	3	2	✓								
48	Mashabane Priyanka	5			W	W		P	P	P	P	W	W	P						W	W						W	W						W	5			✓							
49	Mashego Princess	4			W	W		P	P	P	P	W	W	P						W	W						W	W						W	5			✓							
50	Mashigo Asemahle	4			W	W		P	P	P	P	W	W	P						W	W						W	W						W	5			✓							
51	Mashile Opelong	1			W	W		A	A	A	A	W	W	A						W	W						W	W						W		5		✓							
52	Masuku Lwandile	4			W	W		P	P	P	P	W	W	P						W	W						W	W						W	5			✓							
53	Masuku Unathi	4			W	W		P	P	P	P	W	W	P						W	W						W	W						W	5			✓							
54	Mathebula Nhlanhla	5			W	W		P	P	P	P	W	W	P						W	W						W	W						W	5			✓							
55	Mathebula Thandolwethu	1			W	W		P	P	P	P	W	W	A						W	W						W	W						W	4	1		✓							
56	Mathibela Phetho	4			W	W		P	P	P	P	W	W	P						W	W						W	W						W	5			✓							
57	Matsane Greyson	4			W	W		P	P	P	P	W	W	P						W	W						W	W						W	5			✓							
58	Matsane Ofentse	3			W	W		P	P	P	P	W	W	P						W	W						W	W						W	5			✓							
59	Mazibane Gemini	3			W	W		P	P	P	P	W	W	P						W	W						W	W						W	5			✓							
60	Mbiza Lwandile	6			W	W		A	P	P	P	W	W	P						W	W						W	W						W	4	1		✓							
TOTAL NUMBER OF CHILDREN PRESENT								12	12	14	14			13																															
TOTAL NUMBER OF CHILDREN ABSENT								3	3	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:

SCHOOL NAME: Duter Creche & Pre-School			MONTH: October		YEAR: 2020		QUARTER: 4		WARD: 1		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
61	Mchulu Rhulane	4			W	W		P	P	P	P	W	W	P					W	W						W	W						W	5		✓	
62	Mdluli Ayama	4			W	W		P	P	P	P	W	W	P					W	W						W	W						W	5		✓	
63	Mdluli Kayton				W	W		P	P	P	P	W	W	P					W	W						W	W						W	5			✓
64	Mdluli Mpho				W	W		P	P	P	P	W	W	P					W	W						W	W						W	5			✓
65	Mdluli Olwethu	3			W	W		A	A	A	A	W	W	P					W	W						W	W						W	1	4	✓	
66	Methula Ayama	3			W	W		P	P	P	P	W	W	P					W	W						W	W						W	5		✓	
67	Mgiba Nsika	3			W	W		P	P	P	P	W	W	P					W	W						W	W						W	5		✓	
68	Mgibe Tshego	5			W	W		A	P	P	A	W	W	P					W	W						W	W						W	3	2		✓
69	Mgwenya Bayandile	3			W	W		P	P	P	P	W	W	P					W	W						W	W						W	5		✓	
70	Mgwenya Mellod	5			W	W		P	P	P	P	W	W	P					W	W						W	W						W	5		✓	
71	Mgwenya Nonhle	6			W	W		P	P	P	P	W	W	P					W	W						W	W						W	5			✓
72	Mgwenya Smamukele	5			W	W		P	P	P	A	W	W	P					W	W						W	W						W	4	1		✓
73	Mhaule Langelihle	5			W	W		P	P	P	P	W	W	P					W	W						W	W						W	5			✓
74	Mhlaba Brianna	3			W	W		A	P	P	P	W	W	P					W	W						W	W						W	4	1	✓	
75	Mhlanga Marquisa	2			W	W		P	P	P	P	W	W	P					W	W						W	W						W	5			✓
TOTAL NUMBER OF CHILDREN PRESENT								12	14	14	12			15																							
TOTAL NUMBER OF CHILDREN ABSENT								3	1	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:

			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					W	W						W	W						W	3	2		✓
77	Mkhabela Sphokuhle	4			W	W		P	P	P	P	W	W	P					W	W						W	W						W	5		✓	
78	Mkhabela Tirani	4			W	W		P	P	P	P	W	W	P					W	W						W	W						W	5		✓	
79	Mkhabela Tiyani	4			W	W		P	P	P	P	W	W	P					W	W						W	W						W	5		✓	
80	Mkhantswa Langelihle	2			W	W		P	P	P	P	W	W	P					W	W						W	W						W	5		✓	
81	Mkhomazi Langelihle	4			W	W		P	P	P	P	W	W	P					W	W						W	W						W	5		✓	
82	Mkhondo Lethabo	5			W	W		P	P	A	P	W	W	P					W	W						W	W						W	4	1	✓	
83	Mkhonto Oarabile	4			W	W		P	P	P	P	W	W	P					W	W						W	W						W	5		✓	
84	Mkhonto Tlotliso	0			W	W		A	P	P	P	W	W	P					W	W						W	W						W	4	1		✓
85	Mkhonto Vernon	3			W	W		A	P	P	P	W	W	P					W	W						W	W						W	4	1		✓
86	Mlombo Elami	3			W	W		P	P	P	P	W	W	P					W	W						W	W						W	5		✓	
87	Mndawe Nhlanhlayethu				W	W		P	P	P	P	W	W	P					W	W						W	W						W	5		✓	
88	Mndawe Stsandziwe	5			W	W		P	P	P	P	W	W	P					W	W						W	W						W	5		✓	
89	Mnisi Aphiwe	2			W	W		P	P	P	P	W	W	P					W	W						W	W						W	5		✓	
90	Mnisi Khwezikazi	2			W	W		P	P	P	P	W	W	P					W	W						W	W						W	5		✓	
TOTAL NUMBER OF CHILDREN PRESENT								12	15	14	15			14																							
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:

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					W	W						W	W						W	5		✓	
92	Mnisi Nqubeko	1			W	W		A	P	P	P	W	W	P					W	W						W	W						W	4	1	✓	
93	Mnisi Qiniso	5			W	W		A	P	P	P	W	W	P					W	W						W	W						W	4	1		✓
94	Mnisi Royalty	4			W	W		P	P	P	P	W	W	P					W	W						W	W						W	5		✓	
95	Mnisi Sithelo	5			W	W		P	P	P	P	W	W	P					W	W						W	W						W	5		✓	
96	Mohale Manqoba	4			W	W		P	P	P	P	W	W	P					W	W						W	W						W	5		✓	
97	Mokoena Alwande	4			W	W		P	P	P	P	W	W	P					W	W						W	W						W	5		✓	
98	Mokoena Itumeleng	5			W	W		P	P	P	P	W	W	P					W	W						W	W						W	5		✓	
99	Mokoena Kelebogile	5			W	W		P	P	P	P	W	W	P					W	W						W	W						W	5			✓
	Mokoena Melokuhle	4			W	W		P	P	P	P	W	W	P					W	W						W	W						W	5		✓	
	Mokoena Mkhululi	3			W	W		P	P	P	P	W	W	P					W	W						W	W						W	5		✓	
	Mokoena Neo	4			W	W		A	P	P	P	W	W	P					W	W						W	W						W	4	1	✓	
	Mokoena Sihle	4			W	W		P	P	P	P	W	W	P					W	W						W	W						W	5			✓
	Mokoena Siphesihle	4			W	W		P	P	P	P	W	W	P					W	W						W	W						W	5		✓	
	Mokoena Thato	4			W	W		P	A	A	P	W	W	P					W	W						W	W						W	3	2		✓
TOTAL NUMBER OF CHILDREN PRESENT								12	14	14	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
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					W	W						W	W						W	5		✓	
	Mona Langaletu	5			W	W		A	P	P	P	W	W	P					W	W						W	W						W	4	1	✓	
	Mona Lwando	4			W	W		A	P	P	P	W	W	P					W	W						W	W						W	4	1		✓
	Mona Melokuhle	3			W	W		A	P	A	P	W	W	A					W	W						W	W						W	2	3		✓
	Mona Mpendulo	5			W	W		P	P	P	P	W	W	P					W	W						W	W						W	5		✓	
	Monareng Ziyanda				W	W		A	P	P	P	W	W	P					W	W						W	W						W	4	1		✓
	Morena Kgoshi	2			W	W		A	P	P	P	W	W	A					W	W						W	W						W	3	2		✓
	Moyana Nkazimulo	3			W	W		P	P	P	P	W	W	P					W	W						W	W						W	5		✓	
	Msimango Bohlale	4			W	W		P	P	P	P	W	W	P					W	W						W	W						W	5		✓	
	Msimango Kamogelo	4			W	W		P	P	P	P	W	W	P					W	W						W	W						W	5		✓	
	Nake Amanhle	4			W	W		P	P	P	P	W	W	P					W	W						W	W						W	5		✓	
	Nake Rorisang	5			W	W		P	P	P	P	W	W	P					W	W						W	W						W	5			✓
	Ndhlakude Botshelo	4			W	W		P	P	P	P	W	W	P					W	W						W	W						W	5		✓	
	Ndhlovu Quinton				W	W		P	P	P	P	W	W	A					W	W						W	W						W	4	1		✓
	Ndlovu Ayabonga	5			W	W		P	P	P	P	W	W	P					W	W						W	W						W	5		✓	
TOTAL NUMBER OF CHILDREN PRESENT								10	15	14	15			12																							
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 & 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					W	W						W	W						W	5			✓								
	Ngobe Zanenkosi	4			W	W		P	P	P	P	W	W	P					W	W						W	W						W	5			✓								
	Ngobeni Clade	3			W	W		P	P	P	P	W	W	A					W	W						W	W						W	4	1		✓								
	Ngobeni Clayde	3			W	W		A	P	P	A	W	W	P					W	W						W	W						W	3	2		✓								
	Ngomane Linhle	4			W	W		P	P	P	P	W	W	P					W	W						W	W						W	5		✓									
	Ngomane Phiwokuhle	4			W	W		P	P	P	P	W	W	P					W	W						W	W						W	5		✓									
	Ngomane Zanothando	4			W	W		P	P	P	P	W	W	P					W	W						W	W						W	5		✓									
	Ngungu Lennon	2			W	W		A	A	P	A	W	W	P					W	W						W	W						W	2	3	✓									
	Ngwenya Liam	3			W	W		A	P	P	A	W	W	P					W	W						W	W						W	3	2		✓								
	Ngwenya Mvelo	3			W	W		A	P	A	P	W	W	P					W	W						W	W						W	3	2		✓								
	Ngwenya Terrian	4			W	W		A	A	A	A	W	W	A					W	W						W	W						W		5		✓								
	Nkambule Minenhle	4			W	W		A	P	A	A	W	W	P					W	W						W	W						W	2	3	✓									
	Nkosi Enzokuhle	5			W	W		P	P	P	P	W	W	P					W	W						W	W						W	5		✓									
	Nkosi Lebone Pearl	3			W	W		P	P	P	P	W	W	P					W	W						W	W						W	5		✓									
	Nkosi Sinokuhle	4			W	W		A	A	P	A	W	W	A					W	W						W	W						W	1	4		✓								
TOTAL NUMBER OF CHILDREN PRESENT								8	12	12	9			12																															
TOTAL NUMBER OF CHILDREN ABSENT								7	3	3	6			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:										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					W	W						W	W						W	5		✓								
	Nkosi Zanokuhle	4			W	W		P	A	A	P	W	W	P					W	W						W	W						W	3	2	✓								
	Nkuna Asiphe	5			W	W		P	P	P	P	W	W	P					W	W						W	W						W	5		✓								
	Nkuna Karabo	4			W	W		A	A	A	A	W	W	A					W	W						W	W						W		5		✓							
	Nobunga Amara	4			W	W		A	P	P	P	W	W	P					W	W						W	W						W	4	1		✓							
	Nonyane Nkhosikhona	4			W	W		P	P	P	P	W	W	P					W	W						W	W						W	5		✓								
	Nonyane Ocean	4			W	W		P	P	P	P	W	W	P					W	W						W	W						W	5			✓							
	Ntimba Tumi	4			W	W		P	P	P	P	W	W	P					W	W						W	W						W	5			✓							
	Nyathikazi Charisma	4			W	W		P	P	P	P	W	W	P					W	W						W	W						W	5			✓							
	Nyundu Happiness	5			W	W		P	P	P	P	W	W	P					W	W						W	W						W	5		✓								
	Ramashia Kingsly	5			W	W		P	P	P	P	W	W	P					W	W						W	W						W	5		✓								
	Roberto Itel	5			W	W		A	P	A	P	W	W	P					W	W						W	W						W	3	2		✓							
	Sambo Sphokazi	4			W	W		P	P	P	P	W	W	P					W	W						W	W						W	5		✓								
	Sedibe Melisa	4			W	W		P	P	P	P	W	W	P					W	W						W	W						W	5			✓							
	Sengwane Babongile	4			W	W		P	P	P	P	W	W	P					W	W						W	W						W	5		✓								
TOTAL NUMBER OF CHILDREN PRESENT								12	13	12	14			14																														
TOTAL NUMBER OF CHILDREN ABSENT								3	2	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:

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