

DAILY ATTENDANCE REGISTER

ECD NAME: Bethel Crèche & Pre-School

MONTH: April

YEAR: 2022

QUARTER: 2

WARD:

ED NAME: Bethel Creche & Pre-School			MONTH: April			YEAR: 2022			QUARTER: 2			WARD:																				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				W	W						W	W					W	W	W	W					W	W			W			W					✓	
2	Chabata Aliyah		0		W	W						W	W					W	W	W	W					W	W			W			W					✓	
3	Chiloane Zanoxolo		0		W	W						W	W					W	W	W	W					W	W			W			W					✓	
4	Credo Mashaba		0		W	W						W	W					W	W	W	W					W	W			W			W						
5	Devese Kairo				W	W						W	W					W	W	W	W					W	W			W			W						✓
6	Dibakwane Bokang				W	W						W	W					W	W	W	W					W	W			W			W					✓	
7	Dlamini Sithelakuhla		0		W	W						W	W					W	W	W	W					W	W			W			W					✓	
8	Dube Anele		0		W	W						W	W					W	W	W	W					W	W			W			W					✓	
9	Dube Junior				W	W						W	W					W	W	W	W					W	W			W			W					✓	
10	Dube Zanokuhle				W	W						W	W					W	W	W	W					W	W			W			W						✓
11	Fakude Lethothule				W	W						W	W					W	W	W	W					W	W			W			W						✓
12	Fakude Simthandile		0		W	W						W	W					W	W	W	W					W	W			W			W					✓	
13	Fankomo Lazoya				W	W						W	W					W	W	W	W					W	W			W			W					✓	
14	Hobyane Mikhenso				W	W						W	W					W	W	W	W					W	W			W			W						✓
15	Kgoedi Melokuhle		0		W	W						W	W					W	W	W	W					W	W			W			W					✓	
TOTAL NUMBER OF CHILDREN PRESENT																																							
TOTAL NUMBER OF CHILDREN ABSENT																																							

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

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)

I DECLARE THAT THE INFORMATION IS CORRECT AND A TRUE REFLECTION

CHAIRPERSON

PRINCIPAL

TREASURER

DATE _____

DATE _____

DATE _____

DEPARTMENTAL REPRESENTATIVE:

DATE: _____

PRESENT

ABSENT

WEEKEND

DAILY ATTENDANCE REGISTER

ECD NAME: Bethel Crèche & Pre-School

MONTH: April

YEAR: 2022

QUARTER: 2

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	0	W	W							W	W					W	W	W	W					W	W			W			W				✓	
32	Mahatlani Wakwetsima	0	W	W							W	W					W	W	W	W					W	W			W			W				✓	
33	Maila Lisa		W	W							W	W					W	W	W	W					W	W			W			W				✓	
34	Makola Boikano		W	W							W	W					W	W	W	W					W	W			W			W				✓	
35	Makwela Charisma		W	W							W	W					W	W	W	W					W	W			W			W				✓	
36	Malete Nkazimulo	1	W	W							W	W					W	W	W	W					W	W			W			W					✓
37	Malope Lerumo	0	W	W							W	W					W	W	W	W					W	W			W			W				✓	
38	Maluleke Enelo		W	W							W	W					W	W	W	W					W	W			W			W				✓	
39	Maluleke Gendo		W	W							W	W					W	W	W	W					W	W			W			W				✓	
40	Malumane Hlelokuhle	0	W	W							W	W					W	W	W	W					W	W			W			W				✓	
41	Manhique Keitumetsi	0	W	W							W	W					W	W	W	W					W	W			W			W				✓	
42	Manzini Andzani	0	W	W							W	W					W	W	W	W					W	W			W			W				✓	
43	Maphanga Dumisile	1	W	W							W	W					W	W	W	W					W	W			W			W				✓	
44	Marula Bokamosa	0	W	W							W	W					W	W	W	W					W	W			W			W				✓	
45	Maseko Onalerona		W	W							W	W					W	W	W	W					W	W			W			W				✓	
TOTAL NUMBER OF CHILDREN PRESENT																																					
TOTAL NUMBER OF CHILDREN ABSENT																																					

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: April

YEAR: 2022

QUARTER: 2

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		
46	Mashabane Atlehang	0	W	W							W	W					W	W	W	W					W	W			W			W					✓		
47	Mashabane Nhlabulo	0	W	W							W	W					W	W	W	W					W	W			W			W					✓		
48	Mashabane Priyanka	0	W	W							W	W					W	W	W	W					W	W			W			W					✓		
49	Mashego Princess	0	W	W							W	W					W	W	W	W					W	W			W			W					✓		
50	Mashigo Asemahle		W	W							W	W					W	W	W	W					W	W			W			W					✓		
51	Mashile Opelong		W	W							W	W					W	W	W	W					W	W			W			W					✓		
52	Masuku Lwandile	0	W	W							W	W					W	W	W	W					W	W			W			W					✓		
53	Masuku Unathi	0	W	W							W	W					W	W	W	W					W	W			W			W					✓		
54	Mathebula Nhlanhla	1	W	W							W	W					W	W	W	W					W	W			W			W						✓	
55	Mathebula Thandolwethu		W	W							W	W					W	W	W	W					W	W			W			W						✓	
56	Mathibela Phetho	0	W	W							W	W					W	W	W	W					W	W			W			W						✓	
57	Matsane Greyson	0	W	W							W	W					W	W	W	W					W	W			W			W						✓	
58	Matsane Ofentse		W	W							W	W					W	W	W	W					W	W			W			W						✓	
59	Mazibane Gemini		W	W							W	W					W	W	W	W					W	W			W			W					✓		
60	Mbiza Lwandile	1	W	W							W	W					W	W	W	W					W	W			W			W						✓	
TOTAL NUMBER OF CHILDREN PRESENT																																							
TOTAL NUMBER OF CHILDREN ABSENT																																							

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: April

YEAR: 2022

QUARTER: 2

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					
61	Mchulu Rhulane	0	W	W							W	W					W	W	W	W					W	W			W			W					✓					
62	Mdluli Ayama	0	W	W							W	W					W	W	W	W					W	W			W			W					✓					
63	Mdluli Kayton		W	W							W	W					W	W	W	W					W	W			W			W						✓				
64	Mdluli Mpho		W	W							W	W					W	W	W	W					W	W			W			W						✓				
65	Mdluli Olwethu		W	W							W	W					W	W	W	W					W	W			W			W						✓				
66	Methula Ayama		W	W							W	W					W	W	W	W					W	W			W			W						✓				
67	Mgiba Nsika		W	W							W	W					W	W	W	W					W	W			W			W						✓				
68	Mgibe Tshego	0	W	W							W	W					W	W	W	W					W	W			W			W							✓			
69	Mgwenya Bayandile		W	W							W	W					W	W	W	W					W	W			W			W							✓			
70	Mgwenya Mellod	1	W	W							W	W					W	W	W	W					W	W			W			W							✓			
71	Mgwenya Nonhle	1	W	W							W	W					W	W	W	W					W	W			W			W								✓		
72	Mgwenya Smamukele	1	W	W							W	W					W	W	W	W					W	W			W			W								✓		
73	Mhaule Langelihle	0	W	W							W	W					W	W	W	W					W	W			W			W								✓		
74	Mhlaba Brianna		W	W							W	W					W	W	W	W					W	W			W			W								✓		
75	Mhlanga Marquisa		W	W							W	W					W	W	W	W					W	W			W			W									✓	
TOTAL NUMBER OF CHILDREN PRESENT																																										
TOTAL NUMBER OF CHILDREN ABSENT																																										

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: April

YEAR: 2022

QUARTER: 2

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
76	Milazi Wandile			W	W						W	W					W	W	W	W					W	W			W			W					✓
77	Mkhabela Sphokuhle	0		W	W						W	W					W	W	W	W					W	W			W			W				✓	
78	Mkhabela Tirani			W	W						W	W					W	W	W	W					W	W			W			W				✓	
79	Mkhabela Tiyani	0		W	W						W	W					W	W	W	W					W	W			W			W				✓	
80	Mkhantswa Langelihle			W	W						W	W					W	W	W	W					W	W			W			W				✓	
81	Mkhomazi Langelihle			W	W						W	W					W	W	W	W					W	W			W			W				✓	
82	Mkhondo Lethabo	0		W	W						W	W					W	W	W	W					W	W			W			W				✓	
83	Mkhonto Oarabile	0		W	W						W	W					W	W	W	W					W	W			W			W				✓	
84	Mkhonto Tlotliso			W	W						W	W					W	W	W	W					W	W			W			W				✓	
85	Mkhonto Vernon			W	W						W	W					W	W	W	W					W	W			W			W				✓	
86	Mlombo Elami			W	W						W	W					W	W	W	W					W	W			W			W				✓	
87	Mndawe Nhlanhlayethu			W	W						W	W					W	W	W	W					W	W			W			W				✓	
88	Mndawe Stsandiwe	1		W	W						W	W					W	W	W	W					W	W			W			W				✓	
89	Mnisi Aphiwe			W	W						W	W					W	W	W	W					W	W			W			W				✓	
90	Mnisi Khwezikazi			W	W						W	W					W	W	W	W					W	W			W			W				✓	
TOTAL NUMBER OF CHILDREN PRESENT																																					
TOTAL NUMBER OF CHILDREN ABSENT																																					

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: April

YEAR: 2022

QUARTER: 2

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		
91	Mnisi Leon	0	W	W							W	W					W	W	W	W					W	W			W			W					✓		
92	Mnisi Nqubeko		W	W							W	W					W	W	W	W					W	W			W			W					✓		
93	Mnisi Qiniso	1	W	W							W	W					W	W	W	W					W	W			W			W						✓	
94	Mnisi Royalty	0	W	W							W	W					W	W	W	W					W	W			W			W					✓		
95	Mnisi Sithelo	1	W	W							W	W					W	W	W	W					W	W			W			W					✓		
96	Mohale Manqoba	0	W	W							W	W					W	W	W	W					W	W			W			W					✓		
97	Mokoena Alwande	0	W	W							W	W					W	W	W	W					W	W			W			W					✓		
98	Mokoena Itumeleng	0	W	W							W	W					W	W	W	W					W	W			W			W					✓		
99	Mokoena Kelebogile	1	W	W							W	W					W	W	W	W					W	W			W			W						✓	
	Mokoena Melokuhle	0	W	W							W	W					W	W	W	W					W	W			W			W					✓		
	Mokoena Mkhululi		W	W							W	W					W	W	W	W					W	W			W			W					✓		
	Mokoena Neo	0	W	W							W	W					W	W	W	W					W	W			W			W					✓		
	Mokoena Sihle	0	W	W							W	W					W	W	W	W					W	W			W			W						✓	
	Mokoena Siphesihle		W	W							W	W					W	W	W	W					W	W			W			W					✓		
	Mokoena Thato	0	W	W							W	W					W	W	W	W					W	W			W			W						✓	
TOTAL NUMBER OF CHILDREN PRESENT																																							
TOTAL NUMBER OF CHILDREN ABSENT																																							

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: April

YEAR: 2022

QUARTER: 2

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				
	Mona Hlelo	0	W	W							W	W					W	W	W	W					W	W			W			W					✓				
	Mona Langaletu	0	W	W							W	W					W	W	W	W					W	W			W			W					✓				
	Mona Lwando	0	W	W							W	W					W	W	W	W					W	W			W			W						✓			
	Mona Melokuhle		W	W							W	W					W	W	W	W					W	W			W			W						✓			
	Mona Mpendulo	1	W	W							W	W					W	W	W	W					W	W			W			W						✓			
	Monareng Ziyanda		W	W							W	W					W	W	W	W					W	W			W			W							✓		
	Morena Kgoshi		W	W							W	W					W	W	W	W					W	W			W			W							✓		
	Moyana Nkazimulo		W	W							W	W					W	W	W	W					W	W			W			W							✓		
	Msimango Bohlale	0	W	W							W	W					W	W	W	W					W	W			W			W							✓		
	Msimango Kamogelo	0	W	W							W	W					W	W	W	W					W	W			W			W							✓		
	Nake Amanhle	0	W	W							W	W					W	W	W	W					W	W			W			W							✓		
	Nake Rorisang	0	W	W							W	W					W	W	W	W					W	W			W			W								✓	
	Ndhlakude Botshelo		W	W							W	W					W	W	W	W					W	W			W			W								✓	
	Ndhlovu Quinton		W	W							W	W					W	W	W	W					W	W			W			W								✓	
	Ndlovu Ayabonga	0	W	W							W	W					W	W	W	W					W	W			W			W								✓	
TOTAL NUMBER OF CHILDREN PRESENT																																									
TOTAL NUMBER OF CHILDREN ABSENT																																									

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: April

YEAR: 2022

QUARTER: 2

WARD:

ED NAME: Bethel Creche & Pre-School			MONTH: April		YEAR: 2022		QUARTER: 2		WARD: 1																						DAYS		DAYS		SUBSIDISED (X OR ✓)			
				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
	Ngobe William				W	W						W	W					W	W	W	W					W	W			W		W						✓
	Ngobe Zanenkosi				W	W						W	W					W	W	W	W					W	W			W		W						✓
	Ngobeni Clade				W	W						W	W					W	W	W	W					W	W			W		W						✓
	Ngobeni Clayde				W	W						W	W					W	W	W	W					W	W			W		W						✓
	Ngomane Linhle		0		W	W						W	W					W	W	W	W					W	W			W		W					✓	
	Ngomane Phiwokuhle		0		W	W						W	W					W	W	W	W					W	W			W		W					✓	
	Ngomane Zanothando		0		W	W						W	W					W	W	W	W					W	W			W		W					✓	
	Ngungu Lennon				W	W						W	W					W	W	W	W					W	W			W		W						✓
	Ngwenya Liam				W	W						W	W					W	W	W	W					W	W			W		W						✓
	Ngwenya Mvelo				W	W						W	W					W	W	W	W					W	W			W		W						✓
	Ngwenya Terrian				W	W						W	W					W	W	W	W					W	W			W		W						✓
	Nkambule Minenhle		0		W	W						W	W					W	W	W	W					W	W			W		W					✓	
	Nkosi Enzokuhle		0		W	W						W	W					W	W	W	W					W	W			W		W					✓	
	Nkosi Lebone Pearl				W	W						W	W					W	W	W	W					W	W			W		W						✓
	Nkosi Sinokuhle		0		W	W						W	W					W	W	W	W					W	W			W		W						✓
TOTAL NUMBER OF CHILDREN PRESENT																																						
TOTAL NUMBER OF CHILDREN ABSENT																																						

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: April

YEAR: 2022

QUARTER: 2

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
	Nkosi Snakekelo	0	W	W							W	W					W	W	W	W					W	W			W			W				✓	
	Nkosi Zanokuhle		W	W							W	W					W	W	W	W					W	W			W			W				✓	
	Nkuna Asiphe	1	W	W							W	W					W	W	W	W					W	W			W			W				✓	
	Nkuna Karabo	0	W	W							W	W					W	W	W	W					W	W			W			W					✓
	Nobunga Amara		W	W							W	W					W	W	W	W					W	W			W			W					✓
	Nonyane Nkhosikhona	0	W	W							W	W					W	W	W	W					W	W			W			W				✓	
	Nonyane Ocean	0	W	W							W	W					W	W	W	W					W	W			W			W					✓
	Ntimba Tumi	0	W	W							W	W					W	W	W	W					W	W			W			W					✓
	Nyathikazi Charisma	0	W	W							W	W					W	W	W	W					W	W			W			W					✓
	Nyundu Happiness	1	W	W							W	W					W	W	W	W					W	W			W			W					✓
	Ramashia Kingsly	0	W	W							W	W					W	W	W	W					W	W			W			W					✓
	Roberto Itel	1	W	W							W	W					W	W	W	W					W	W			W			W					✓
	Sambo Sphokazi	0	W	W							W	W					W	W	W	W					W	W			W			W					✓
	Sedibe Melisa	0	W	W							W	W					W	W	W	W					W	W			W			W					✓
	Sengwane Babongile		W	W							W	W					W	W	W	W					W	W			W			W					✓
TOTAL NUMBER OF CHILDREN PRESENT																																					
TOTAL NUMBER OF CHILDREN ABSENT																																					

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: April

YEAR: 2022

QUARTER: 2

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			W	W						W	W					W	W	W	W					W	W			W			W					✓	
	Shabangu Bonolo	0		W	W						W	W					W	W	W	W					W	W			W			W					✓	
	Shabangu Kgopotso	0		W	W						W	W					W	W	W	W					W	W			W			W					✓	
	Shabangu Muhluri	0		W	W						W	W					W	W	W	W					W	W			W			W					✓	
	Shikaya Lihle	0		W	W						W	W					W	W	W	W					W	W			W			W						✓
	Shongwe Lwandile			W	W						W	W					W	W	W	W					W	W			W			W					✓	
	Sibiya Alwande	1		W	W						W	W					W	W	W	W					W	W			W			W						✓
	Sibiya Ziyanda			W	W						W	W					W	W	W	W					W	W			W			W					✓	
	Sono Onalerona	0		W	W						W	W					W	W	W	W					W	W			W			W						✓
	Sundlhane Ntsako	1		W	W						W	W					W	W	W	W					W	W			W			W						✓
	Thabethe Angel	0		W	W						W	W					W	W	W	W					W	W			W			W						✓
	Thagane Banele			W	W						W	W					W	W	W	W					W	W			W			W						✓
	Theko Minenhle	0		W	W						W	W					W	W	W	W					W	W			W			W					✓	
	Vandhla Sky			W	W						W	W					W	W	W	W					W	W			W			W						✓
	Vilakazi Cobolwakhe			W	W						W	W					W	W	W	W					W	W			W			W						✓
TOTAL NUMBER OF CHILDREN PRESENT																																						
TOTAL NUMBER OF CHILDREN ABSENT																																						

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: _____