

DAILY ATTENDANCE REGISTER

ECD NAME: Bethel Crèche & Pre-School

MONTH: December

YEAR: 2075

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
1	Botha Liam	52	W						W	W						W	W	W					W	W			W	W		W	W					✓	
2	Chabata Aliyah	54	W						W	W						W	W	W					W	W			W	W		W	W					✓	
3	Chiloane Zanoxolo	54	W						W	W						W	W	W					W	W			W	W		W	W					✓	
4	Credo Mashaba	53	W						W	W						W	W	W					W	W			W	W		W	W						
5	Devese Kairo	53	W						W	W						W	W	W					W	W			W	W		W	W						✓
6	Dibakwane Bokang	53	W						W	W						W	W	W					W	W			W	W		W	W					✓	
7	Dlamini Sithelakuhla	53	W						W	W						W	W	W					W	W			W	W		W	W					✓	
8	Dube Anele	53	W						W	W						W	W	W					W	W			W	W		W	W					✓	
9	Dube Junior	52	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 Lethotuhle	51	W						W	W						W	W	W					W	W			W	W		W	W						✓
12	Fakude Simthandile	54	W						W	W						W	W	W					W	W			W	W		W	W					✓	
13	Fankomo Lazoya	53	W						W	W						W	W	W					W	W			W	W		W	W					✓	
14	Hobyane Mikhenso	51	W						W	W						W	W	W					W	W			W	W		W	W						✓
15	Kgoedi Melokuhle	54	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: December

YEAR: 2075

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	50	W						W	W						W	W	W					W	W			W	W		W	W					✓		
17	Khoza Sbongokuhle	53	W						W	W						W	W	W					W	W			W	W		W	W					✓		
18	Khumalo Fion	53	W						W	W						W	W	W					W	W			W	W		W	W					✓		
19	Khumalo Pelliah	53	W						W	W						W	W	W					W	W			W	W		W	W					✓		
20	Kiara Sanderson	55	W						W	W						W	W	W					W	W			W	W		W	W						✓	
21	Lamula Kgodoso	53	W						W	W						W	W	W					W	W			W	W		W	W						✓	
22	Lawrence Abby	53	W						W	W						W	W	W					W	W			W	W		W	W						✓	
23	Lawrence Taydén	53	W						W	W						W	W	W					W	W			W	W		W	W					✓		
24	Lekhuleni Monde	54	W						W	W						W	W	W					W	W			W	W		W	W						✓	
25	Lekhuleni Sanele	54	W						W	W						W	W	W					W	W			W	W		W	W					✓		
26	Letshane Bothlale	53	W						W	W						W	W	W					W	W			W	W		W	W					✓		
27	Leyane Sphiwosethu	52	W						W	W						W	W	W					W	W			W	W		W	W						✓	
28	Liyam Sanderson	53	W						W	W						W	W	W					W	W			W	W		W	W					✓		
29	Lubisi Favour	53	W						W	W						W	W	W					W	W			W	W		W	W					✓		
30	Mabila Ubenami	51	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: December

YEAR: 2075

QUARTER: 4

WARD:

ED NAME: Bethel Creche & Pre-School			MONTH: December														YEAR: 2015										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			
31	Mabuza Kwandokuhle	54	W						W	W						W	W	W					W	W			W	W		W	W						✓			
32	Mahatlani Wakwetsima	54	W						W	W						W	W	W					W	W			W	W		W	W						✓			
33	Maila Lisa	51	W						W	W						W	W	W					W	W			W	W		W	W						✓			
34	Makola Boikano	53	W						W	W						W	W	W					W	W			W	W		W	W						✓			
35	Makwela Charisma	53	W						W	W						W	W	W					W	W			W	W		W	W						✓			
36	Malete Nkazimulo	54	W						W	W						W	W	W					W	W			W	W		W	W							✓		
37	Malope Lerumo	53	W						W	W						W	W	W					W	W			W	W		W	W						✓			
38	Maluleke Enelo	53	W						W	W						W	W	W					W	W			W	W		W	W							✓		
39	Maluleke Gendo	50	W						W	W						W	W	W					W	W			W	W		W	W							✓		
40	Malumane Hlelokuhle	54	W						W	W						W	W	W					W	W			W	W		W	W							✓		
41	Manhique Keitumetsi	53	W						W	W						W	W	W					W	W			W	W		W	W							✓		
42	Manzini Andzani	54	W						W	W						W	W	W					W	W			W	W		W	W							✓		
43	Maphanga Dumisile	54	W						W	W						W	W	W					W	W			W	W		W	W							✓		
44	Marula Bokamosa	53	W						W	W						W	W	W					W	W			W	W		W	W							✓		
45	Maseko Onalerona	53	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: December

YEAR: 2075

QUARTER: 4

WARD:

ED NAME: Bethel Creche & Pre-School			MONTH: December														YEAR: 2015														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											
46	Mashabane Atlehang	53	W						W	W						W	W	W					W	W			W	W		W	W						✓											
47	Mashabane Nhlabulo	54	W						W	W						W	W	W					W	W			W	W		W	W						✓											
48	Mashabane Priyanka	54	W						W	W						W	W	W					W	W			W	W		W	W							✓										
49	Mashego Princess	53	W						W	W						W	W	W					W	W			W	W		W	W						✓											
50	Mashigo Asemahle	53	W						W	W						W	W	W					W	W			W	W		W	W						✓											
51	Mashile Opelong	50	W						W	W						W	W	W					W	W			W	W		W	W							✓										
52	Masuku Lwandile	53	W						W	W						W	W	W					W	W			W	W		W	W						✓											
53	Masuku Unathi	53	W						W	W						W	W	W					W	W			W	W		W	W						✓											
54	Mathebula Nhlanhla	55	W						W	W						W	W	W					W	W			W	W		W	W							✓										
55	Mathebula Thandolwethu	50	W						W	W						W	W	W					W	W			W	W		W	W							✓										
56	Mathibela Phetho	54	W						W	W						W	W	W					W	W			W	W		W	W							✓										
57	Matsane Greyson	53	W						W	W						W	W	W					W	W			W	W		W	W							✓										
58	Matsane Ofentse	53	W						W	W						W	W	W					W	W			W	W		W	W							✓										
59	Mazibane Gemini	53	W						W	W						W	W	W					W	W			W	W		W	W						✓											
60	Mbiza Lwandile	55	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: December

YEAR: 2075

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		
61	Mchulu Rhulane	53	W						W	W						W	W	W					W	W			W	W		W	W						✓		
62	Mdluli Ayama	53	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	52	W						W	W						W	W	W					W	W			W	W		W	W						✓		
66	Methula Ayama	52	W						W	W						W	W	W					W	W			W	W		W	W						✓		
67	Mgiba Nsika	53	W						W	W						W	W	W					W	W			W	W		W	W						✓		
68	Mgibe Tshego	54	W						W	W						W	W	W					W	W			W	W		W	W							✓	
69	Mgwenya Bayandile	53	W						W	W						W	W	W					W	W			W	W		W	W						✓		
70	Mgwenya Mellod	54	W						W	W						W	W	W					W	W			W	W		W	W						✓		
71	Mgwenya Nonhle	55	W						W	W						W	W	W					W	W			W	W		W	W							✓	
72	Mgwenya Smamukele	54	W						W	W						W	W	W					W	W			W	W		W	W							✓	
73	Mhaule Langelihle	54	W						W	W						W	W	W					W	W			W	W		W	W							✓	
74	Mhlaba Brianna	52	W						W	W						W	W	W					W	W			W	W		W	W						✓		
75	Mhlanga Marquisa	51	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: December

YEAR: 2075

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	
76	Milazi Wandile	53	W						W	W						W	W	W					W	W			W	W		W	W							✓
77	Mkhabela Sphokuhle	53	W						W	W						W	W	W					W	W			W	W		W	W						✓	
78	Mkhabela Tirani	53	W						W	W						W	W	W					W	W			W	W		W	W						✓	
79	Mkhabela Tiyani	54	W						W	W						W	W	W					W	W			W	W		W	W							✓
80	Mkhantswa Langelihle	51	W						W	W						W	W	W					W	W			W	W		W	W						✓	
81	Mkhomazi Langelihle	53	W						W	W						W	W	W					W	W			W	W		W	W						✓	
82	Mkhondo Lethabo	54	W						W	W						W	W	W					W	W			W	W		W	W						✓	
83	Mkhonto Oarabile	54	W						W	W						W	W	W					W	W			W	W		W	W						✓	
84	Mkhonto Tlotliso	50	W						W	W						W	W	W					W	W			W	W		W	W							✓
85	Mkhonto Vernon	52	W						W	W						W	W	W					W	W			W	W		W	W							✓
86	Mlombo Elami	53	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	54	W						W	W						W	W	W					W	W			W	W		W	W							✓
89	Mnisi Aphiwe	51	W						W	W						W	W	W					W	W			W	W		W	W						✓	
90	Mnisi Khwezikazi	51	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: December

YEAR: 2075

QUARTER: 4

WARD:

SCHOOL NAME: Duter Creche & Pre-School			MONTH: December												YEAR: 2019												QUARTER: 4												WARD: 1		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					
91	Mnisi Leon	53	W						W	W						W	W	W					W	W			W	W		W	W						✓					
92	Mnisi Nqubeko	50	W						W	W						W	W	W					W	W			W	W		W	W						✓					
93	Mnisi Qiniso	55	W						W	W						W	W	W					W	W			W	W		W	W							✓				
94	Mnisi Royalty	53	W						W	W						W	W	W					W	W			W	W		W	W						✓					
95	Mnisi Sithelo	54	W						W	W						W	W	W					W	W			W	W		W	W						✓					
96	Mohale Manqoba	53	W						W	W						W	W	W					W	W			W	W		W	W						✓					
97	Mokoena Alwande	54	W						W	W						W	W	W					W	W			W	W		W	W						✓					
98	Mokoena Itumeleng	54	W						W	W						W	W	W					W	W			W	W		W	W						✓					
99	Mokoena Kelebogile	54	W						W	W						W	W	W					W	W			W	W		W	W							✓				
	Mokoena Melokuhle	53	W						W	W						W	W	W					W	W			W	W		W	W						✓					
	Mokoena Mkhululi	52	W						W	W						W	W	W					W	W			W	W		W	W						✓					
	Mokoena Neo	53	W						W	W						W	W	W					W	W			W	W		W	W						✓					
	Mokoena Sihle	54	W						W	W						W	W	W					W	W			W	W		W	W							✓				
	Mokoena Siphesihle	53	W						W	W						W	W	W					W	W			W	W		W	W						✓					
	Mokoena Thato	54	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: December

YEAR: 2075

QUARTER: 4

WARD:

ED NAME: Bethel Creche & Pre-School			MONTH: December														YEAR: 2015														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																							
	Mona Hlelo	54	W						W	W						W	W	W					W	W			W	W		W	W						✓																							
	Mona Langaletu	54	W						W	W						W	W	W					W	W			W	W		W	W						✓																							
	Mona Lwando	54	W						W	W						W	W	W					W	W			W	W		W	W							✓																						
	Mona Melokuhle	52	W						W	W						W	W	W					W	W			W	W		W	W							✓																						
	Mona Mpendulo	54	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	51	W						W	W						W	W	W					W	W			W	W		W	W							✓																						
	Moyana Nkazimulo	53	W						W	W						W	W	W					W	W			W	W		W	W							✓																						
	Msimango Bohlale	53	W						W	W						W	W	W					W	W			W	W		W	W							✓																						
	Msimango Kamogelo	53	W						W	W						W	W	W					W	W			W	W		W	W							✓																						
	Nake Amanhle	53	W						W	W						W	W	W					W	W			W	W		W	W							✓																						
	Nake Rorisang	54	W						W	W						W	W	W					W	W			W	W		W	W								✓																					
	Ndhlakude Botshelo	53	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	54	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: December

YEAR: 2075

QUARTER: 4

WARD:

SCHOOL NAME: Beller Creek & Pre-School			MONTH: December										YEAR: 2019										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							
	Ngobe William	52	W						W	W						W	W	W					W	W			W	W		W	W							✓						
	Ngobe Zanenkosi	53	W						W	W						W	W	W					W	W			W	W		W	W							✓						
	Ngobeni Clade	52	W						W	W						W	W	W					W	W			W	W		W	W							✓						
	Ngobeni Clayde	52	W						W	W						W	W	W					W	W			W	W		W	W							✓						
	Ngomane Linhle	53	W						W	W						W	W	W					W	W			W	W		W	W						✓							
	Ngomane Phiwokuhle	53	W						W	W						W	W	W					W	W			W	W		W	W							✓						
	Ngomane Zanothando	53	W						W	W						W	W	W					W	W			W	W		W	W							✓						
	Ngungu Lennon	51	W						W	W						W	W	W					W	W			W	W		W	W							✓						
	Ngwenya Liam	52	W						W	W						W	W	W					W	W			W	W		W	W							✓						
	Ngwenya Mvelo	52	W						W	W						W	W	W					W	W			W	W		W	W							✓						
	Ngwenya Terrian	53	W						W	W						W	W	W					W	W			W	W		W	W							✓						
	Nkambule Minenhle	53	W						W	W						W	W	W					W	W			W	W		W	W						✓							
	Nkosi Enzokuhle	54	W						W	W						W	W	W					W	W			W	W		W	W							✓						
	Nkosi Lebone Pearl	52	W						W	W						W	W	W					W	W			W	W		W	W							✓						
	Nkosi Sinokuhle	54	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: December

YEAR: 2075

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	
	Nkosi Snakekelo	54	W						W	W						W	W	W					W	W			W	W		W	W					✓		
	Nkosi Zanokuhle	53	W						W	W						W	W	W					W	W			W	W		W	W					✓		
	Nkuna Asiphe	54	W						W	W						W	W	W					W	W			W	W		W	W					✓		
	Nkuna Karabo	53	W						W	W						W	W	W					W	W			W	W		W	W						✓	
	Nobunga Amara	53	W						W	W						W	W	W					W	W			W	W		W	W						✓	
	Nonyane Nkhosikhona	53	W						W	W						W	W	W					W	W			W	W		W	W					✓		
	Nonyane Ocean	53	W						W	W						W	W	W					W	W			W	W		W	W						✓	
	Ntimba Tumi	54	W						W	W						W	W	W					W	W			W	W		W	W						✓	
	Nyathikazi Charisma	54	W						W	W						W	W	W					W	W			W	W		W	W						✓	
	Nyundu Happiness	54	W						W	W						W	W	W					W	W			W	W		W	W					✓		
	Ramashia Kingsly	54	W						W	W						W	W	W					W	W			W	W		W	W					✓		
	Roberto Itel	54	W						W	W						W	W	W					W	W			W	W		W	W						✓	
	Sambo Sphokazi	54	W						W	W						W	W	W					W	W			W	W		W	W					✓		
	Sedibe Melisa	53	W						W	W						W	W	W					W	W			W	W		W	W						✓	
	Sengwane Babongile	53	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: December

YEAR: 2075

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
	Sengwayo Hlelolwakhe	53	W						W	W						W	W	W					W	W			W	W		W	W					✓	
	Shabangu Bonolo	54	W						W	W						W	W	W					W	W			W	W		W	W					✓	
	Shabangu Kgopotso	54	W						W	W						W	W	W					W	W			W	W		W	W					✓	
	Shabangu Muhluri	54	W						W	W						W	W	W					W	W			W	W		W	W					✓	
	Shikaya Lihle	54	W						W	W						W	W	W					W	W			W	W		W	W						✓
	Shongwe Lwandile	52	W						W	W						W	W	W					W	W			W	W		W	W					✓	
	Sibiya Alwande	54	W						W	W						W	W	W					W	W			W	W		W	W						✓
	Sibiya Ziyanda	52	W						W	W						W	W	W					W	W			W	W		W	W					✓	
	Sono Onalerona	53	W						W	W						W	W	W					W	W			W	W		W	W						✓
	Sundlhane Ntsako	54	W						W	W						W	W	W					W	W			W	W		W	W						✓
	Thabethe Angel	54	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	54	W						W	W						W	W	W					W	W			W	W		W	W					✓	
	Vandhla Sky	50	W						W	W						W	W	W					W	W			W	W		W	W						✓
	Vilakazi Cobolwakhe	52	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: _____