

DAILY ATTENDANCE REGISTER

ECD NAME: Bethel Crèche & Pre-School

MONTH: January

YEAR: 2090

QUARTER: 1

WARD:

SCHOOL NAME: Bethel Creche & Pre-School			MONTH: January										YEAR: 2020										QUARTER: 1										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							
1	Botha Liam	67	W	W					W	W						W	W						W	W						W	W						✓							
2	Chabata Aliyah	68	W	W					W	W						W	W						W	W						W	W						✓							
3	Chiloane Zanoxolo	68	W	W					W	W						W	W						W	W						W	W						✓							
4	Credo Mashaba	67	W	W					W	W						W	W						W	W						W	W													
5	Devese Kairo	67	W	W					W	W						W	W						W	W						W	W							✓						
6	Dibakwane Bokang	67	W	W					W	W						W	W						W	W						W	W						✓							
7	Dlamini Sithelakuhla	67	W	W					W	W						W	W						W	W						W	W						✓							
8	Dube Anele	68	W	W					W	W						W	W						W	W						W	W						✓							
9	Dube Junior	66	W	W					W	W						W	W						W	W						W	W						✓							
10	Dube Zanokuhle		W	W					W	W						W	W						W	W						W	W							✓						
11	Fakude Lethotuhle	65	W	W					W	W						W	W						W	W						W	W							✓						
12	Fakude Simthandile	68	W	W					W	W						W	W						W	W						W	W						✓							
13	Fankomo Lazoya	67	W	W					W	W						W	W						W	W						W	W						✓							
14	Hobyane Mikhenso	65	W	W					W	W						W	W						W	W						W	W							✓						
15	Kgoedi Melokuhle	68	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: January

YEAR: 2090

QUARTER: 1

WARD:

			DAYS OF THE MONTH																															DAYS	DAYS	SUBSIDISED		
			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	
NO	NAME AND SURNAME	AGE																																				
16	Khoza Justice	64	W	W					W	W						W	W						W	W							W	W				✓		
17	Khoza Sdongokuhle	67	W	W					W	W						W	W						W	W							W	W				✓		
18	Khumalo Fion	67	W	W					W	W						W	W						W	W							W	W				✓		
19	Khumalo Pelliah	67	W	W					W	W						W	W						W	W							W	W				✓		
20	Kiara Sanderson	69	W	W					W	W						W	W						W	W							W	W					✓	
21	Lamula Kgodoso	67	W	W					W	W						W	W						W	W							W	W					✓	
22	Lawrence Abby	67	W	W					W	W						W	W						W	W							W	W					✓	
23	Lawrence Taydén	67	W	W					W	W						W	W						W	W							W	W				✓		
24	Lekhuleni Monde	68	W	W					W	W						W	W						W	W							W	W					✓	
25	Lekhuleni Sanele	68	W	W					W	W						W	W						W	W							W	W				✓		
26	Letshane Bothlale	67	W	W					W	W						W	W						W	W							W	W				✓		
27	Leyane Sphiwosethu	66	W	W					W	W						W	W						W	W							W	W					✓	
28	Liyam Sanderson	67	W	W					W	W						W	W						W	W							W	W				✓		
29	Lubisi Favour	67	W	W					W	W						W	W						W	W							W	W				✓		
30	Mabila Ubenami	65	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: January

YEAR: 2090

QUARTER: 1

WARD:

			DAYS OF THE MONTH																															DAYS	DAYS	SUBSIDISED	
			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
NO	NAME AND SURNAME	AGE																																			
31	Mabuza Kwandokuhle	68	W	W					W	W						W	W						W	W							W	W				✓	
32	Mahatlani Wakwetsima	68	W	W					W	W						W	W						W	W							W	W				✓	
33	Maila Lisa	65	W	W					W	W						W	W						W	W							W	W				✓	
34	Makola Boikano	67	W	W					W	W						W	W						W	W							W	W				✓	
35	Makwela Charisma	67	W	W					W	W						W	W						W	W							W	W				✓	
36	Malete Nkazimulo	68	W	W					W	W						W	W						W	W							W	W					✓
37	Malope Lerumo	67	W	W					W	W						W	W						W	W							W	W				✓	
38	Maluleke Enelo	67	W	W					W	W						W	W						W	W							W	W					✓
39	Maluleke Gendo	64	W	W					W	W						W	W						W	W							W	W					✓
40	Malumane Hlelokuhle	68	W	W					W	W						W	W						W	W							W	W					✓
41	Manhique Keitumetsi	67	W	W					W	W						W	W						W	W							W	W					✓
42	Manzini Andzani	68	W	W					W	W						W	W						W	W							W	W					✓
43	Maphanga Dumisile	68	W	W					W	W						W	W						W	W							W	W					✓
44	Marula Bokamosa	68	W	W					W	W						W	W						W	W							W	W					✓
45	Maseko Onalerona	67	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: January

YEAR: 2090

QUARTER: 1

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	67	W	W					W	W						W	W						W	W						W	W						✓	
47	Mashabane Nhlabulo	68	W	W					W	W						W	W						W	W						W	W						✓	
48	Mashabane Priyanka	68	W	W					W	W						W	W						W	W						W	W						✓	
49	Mashego Princess	68	W	W					W	W						W	W						W	W						W	W						✓	
50	Mashigo Asemahle	67	W	W					W	W						W	W						W	W						W	W						✓	
51	Mashile Opelong	64	W	W					W	W						W	W						W	W						W	W							✓
52	Masuku Lwandile	67	W	W					W	W						W	W						W	W						W	W						✓	
53	Masuku Unathi	67	W	W					W	W						W	W						W	W						W	W						✓	
54	Mathebula Nhlanhla	69	W	W					W	W						W	W						W	W						W	W							✓
55	Mathebula Thandolwethu	64	W	W					W	W						W	W						W	W						W	W							✓
56	Mathibela Phetho	68	W	W					W	W						W	W						W	W						W	W							✓
57	Matsane Greyson	67	W	W					W	W						W	W						W	W						W	W							✓
58	Matsane Ofentse	67	W	W					W	W						W	W						W	W						W	W							✓
59	Mazibane Gemini	67	W	W					W	W						W	W						W	W						W	W							✓
60	Mbiza Lwandile	69	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: January

YEAR: 2090

QUARTER: 1

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

YEAR: 2090

QUARTER: 1

WARD:

ED NAME: Bethel Creche & Pre-School			MONTH: January														YEAR: 2020														QUARTER: 1														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																							
76	Milazi Wandile	67	W	W					W	W						W	W						W	W						W	W								✓																					
77	Mkhabela Sphokuhle	67	W	W					W	W						W	W						W	W						W	W							✓																						
78	Mkhabela Tirani	67	W	W					W	W						W	W						W	W						W	W							✓																						
79	Mkhabela Tiyani	68	W	W					W	W						W	W						W	W						W	W							✓																						
80	Mkhantswa Langelihle	65	W	W					W	W						W	W						W	W						W	W						✓																							
81	Mkhomazi Langelihle	67	W	W					W	W						W	W						W	W						W	W						✓																							
82	Mkhondo Lethabo	68	W	W					W	W						W	W						W	W						W	W						✓																							
83	Mkhonto Oarabile	68	W	W					W	W						W	W						W	W						W	W						✓																							
84	Mkhonto Tlotliso	64	W	W					W	W						W	W						W	W						W	W						✓																							
85	Mkhonto Vernon	66	W	W					W	W						W	W						W	W						W	W						✓																							
86	Mlombo Elami	67	W	W					W	W						W	W						W	W						W	W						✓																							
87	Mndawe Nhlanhlayethu		W	W					W	W						W	W						W	W						W	W						✓																							
88	Mndawe Stsandiwe	68	W	W					W	W						W	W						W	W						W	W						✓																							
89	Mnisi Aphiwe	65	W	W					W	W						W	W						W	W						W	W						✓																							
90	Mnisi Khwezikazi	65	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: January

YEAR: 2090

QUARTER: 1

WARD:

ED NAME: Bethel Creche & Pre-School			MONTH: January										YEAR: 2020										QUARTER: 1										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							
91	Mnisi Leon	67	W	W					W	W						W	W						W	W						W	W						✓							
92	Mnisi Nqubeko	64	W	W					W	W						W	W						W	W						W	W						✓							
93	Mnisi Qiniso	69	W	W					W	W						W	W						W	W						W	W							✓						
94	Mnisi Royalty	68	W	W					W	W						W	W						W	W						W	W						✓							
95	Mnisi Sithelo	68	W	W					W	W						W	W						W	W						W	W						✓							
96	Mohale Manqoba	67	W	W					W	W						W	W						W	W						W	W							✓						
97	Mokoena Alwande	68	W	W					W	W						W	W						W	W						W	W							✓						
98	Mokoena Itumeleng	68	W	W					W	W						W	W						W	W						W	W							✓						
99	Mokoena Kelebogile	68	W	W					W	W						W	W						W	W						W	W								✓					
	Mokoena Melokuhle	68	W	W					W	W						W	W						W	W						W	W							✓						
	Mokoena Mkhululi	66	W	W					W	W						W	W						W	W						W	W							✓						
	Mokoena Neo	67	W	W					W	W						W	W						W	W						W	W							✓						
	Mokoena Sihle	68	W	W					W	W						W	W						W	W						W	W								✓					
	Mokoena Siphesihle	67	W	W					W	W						W	W						W	W						W	W							✓						
	Mokoena Thato	68	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: January

YEAR: 2090

QUARTER: 1

WARD:

ED NAME: Bethel Creche & Pre-School			MONTH: January												YEAR: 2020												QUARTER: 1												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	68	W	W					W	W						W	W						W	W						W	W						✓															
	Mona Langaletu	68	W	W					W	W						W	W						W	W						W	W						✓															
	Mona Lwando	68	W	W					W	W						W	W						W	W						W	W							✓														
	Mona Melokuhle	66	W	W					W	W						W	W						W	W						W	W							✓														
	Mona Mpendulo	68	W	W					W	W						W	W						W	W						W	W						✓															
	Monareng Ziyanda		W	W					W	W						W	W						W	W						W	W							✓														
	Morena Kgoshi	65	W	W					W	W						W	W						W	W						W	W							✓														
	Moyana Nkazimulo	67	W	W					W	W						W	W						W	W						W	W							✓														
	Msimango Bohlale	67	W	W					W	W						W	W						W	W						W	W							✓														
	Msimango Kamogelo	67	W	W					W	W						W	W						W	W						W	W							✓														
	Nake Amanhle	67	W	W					W	W						W	W						W	W						W	W							✓														
	Nake Rorisang	68	W	W					W	W						W	W						W	W						W	W								✓													
	Ndhlakude Botshelo	67	W	W					W	W						W	W						W	W						W	W							✓														
	Ndhlovu Quinton		W	W					W	W						W	W						W	W						W	W								✓													
	Ndlovu Ayabonga	68	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: January

YEAR: 2090

QUARTER: 1

WARD:

ED NAME: Bethel Creche & Pre-School			MONTH: January										YEAR: 2020										QUARTER: 1										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	66	W	W					W	W						W	W						W	W						W	W							✓						
	Ngobe Zanenkosi	67	W	W					W	W						W	W						W	W						W	W						✓							
	Ngobeni Clade	66	W	W					W	W						W	W						W	W						W	W						✓							
	Ngobeni Clayde	66	W	W					W	W						W	W						W	W						W	W						✓							
	Ngomane Linhle	67	W	W					W	W						W	W						W	W						W	W					✓								
	Ngomane Phiwokuhle	67	W	W					W	W						W	W						W	W						W	W					✓								
	Ngomane Zanothando	68	W	W					W	W						W	W						W	W						W	W					✓								
	Ngungu Lennon	65	W	W					W	W						W	W						W	W						W	W					✓								
	Ngwenya Liam	67	W	W					W	W						W	W						W	W						W	W						✓							
	Ngwenya Mvelo	67	W	W					W	W						W	W						W	W						W	W						✓							
	Ngwenya Terrian	67	W	W					W	W						W	W						W	W						W	W						✓							
	Nkambule Minenhle	67	W	W					W	W						W	W						W	W						W	W					✓								
	Nkosi Enzokuhle	68	W	W					W	W						W	W						W	W						W	W					✓								
	Nkosi Lebone Pearl	67	W	W					W	W						W	W						W	W						W	W					✓								
	Nkosi Sinokuhle	68	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: January

YEAR: 2090

QUARTER: 1

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	68	W	W					W	W						W	W						W	W						W	W						✓			
	Nkosi Zanokuhle	67	W	W					W	W						W	W						W	W						W	W						✓			
	Nkuna Asiphe	68	W	W					W	W						W	W						W	W						W	W						✓			
	Nkuna Karabo	68	W	W					W	W						W	W						W	W						W	W							✓		
	Nobunga Amara	67	W	W					W	W						W	W						W	W						W	W							✓		
	Nonyane Nkhosikhona	67	W	W					W	W						W	W						W	W						W	W						✓			
	Nonyane Ocean	67	W	W					W	W						W	W						W	W						W	W							✓		
	Ntimba Tumi	68	W	W					W	W						W	W						W	W						W	W							✓		
	Nyathikazi Charisma	68	W	W					W	W						W	W						W	W						W	W							✓		
	Nyundu Happiness	68	W	W					W	W						W	W						W	W						W	W						✓			
	Ramashia Kingsly	68	W	W					W	W						W	W						W	W						W	W							✓		
	Roberto Itel	68	W	W					W	W						W	W						W	W						W	W								✓	
	Sambo Sphokazi	68	W	W					W	W						W	W						W	W						W	W							✓		
	Sedibe Melisa	67	W	W					W	W						W	W						W	W						W	W								✓	
	Sengwane Babongile	67	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: January

YEAR: 2090

QUARTER: 1

WARD:

ED NAME: Bethel Creche & Pre-School			MONTH: January														YEAR: 2020														QUARTER: 1														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																							
	Sengwayo Hlelolwakhe	67	W	W					W	W						W	W						W	W						W	W						✓																							
	Shabangu Bonolo	68	W	W					W	W						W	W						W	W						W	W						✓																							
	Shabangu Kgopotso	68	W	W					W	W						W	W						W	W						W	W						✓																							
	Shabangu Muhluri	68	W	W					W	W						W	W						W	W						W	W						✓																							
	Shikaya Lihle	68	W	W					W	W						W	W						W	W						W	W							✓																						
	Shongwe Lwandile	66	W	W					W	W						W	W						W	W						W	W						✓																							
	Sibiya Alwande	68	W	W					W	W						W	W						W	W						W	W							✓																						
	Sibiya Ziyanda	66	W	W					W	W						W	W						W	W						W	W						✓																							
	Sono Onalerona	67	W	W					W	W						W	W						W	W						W	W							✓																						
	Sundlhane Ntsako	68	W	W					W	W						W	W						W	W						W	W							✓																						
	Thabethe Angel	68	W	W					W	W						W	W						W	W						W	W							✓																						
	Thagane Banele		W	W					W	W						W	W						W	W						W	W							✓																						
	Theko Minenhle	68	W	W					W	W						W	W						W	W						W	W						✓																							
	Vandhla Sky	64	W	W					W	W						W	W						W	W						W	W							✓																						
	Vilakazi Cobolwakhe	66	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: _____