

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

I DECLARE THAT THE INFORMATION IS CORRECT AND A TRUE REFLECTION

CHAIRPERSON

DATE _____

PRINCIPAL

DATE _____

TREASURER

DATE _____

DEPARTMENTAL REPRESENTATIVE:

DATE: _____

PRESENT

ABSENT

WEEKEND

DAILY ATTENDANCE REGISTER

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		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		P		W	W						W	W						W	7		✓		
17	Khoza Sbhongokuhle	4			W	W		P	P	P	P	W	W	P	P		A		W	W						W	W						W	6	1	✓		
18	Khumalo Fion	4			W	W		P	P	P	P	W	W	P	P		P		W	W						W	W						W	7		✓		
19	Khumalo Pelliah	4			W	W		P	P	P	P	W	W	P	P		P		W	W						W	W						W	7		✓		
20	Kiara Sanderson	5			W	W		P	P	P	P	W	W	P	P		P		W	W						W	W						W	7			✓	
21	Lamula Kgodoso	3			W	W		A	A	A	P	W	W	P	P		P		W	W						W	W						W	4	3		✓	
22	Lawrence Abby	4			W	W		A	P	P	A	W	W	A	A		P		W	W						W	W						W	3	4		✓	
23	Lawrence Taydén	4			W	W		A	P	P	A	W	W	A	A		P		W	W						W	W						W	3	4	✓		
24	Lekhuleni Monde	5			W	W		P	P	P	P	W	W	P	P		P		W	W						W	W						W	7			✓	
25	Lekhuleni Sanele	5			W	W		P	P	P	P	W	W	P	P		P		W	W						W	W						W	7		✓		
26	Letshane Bothlale	4			W	W		P	P	P	P	W	W	P	P		A		W	W						W	W						W	6	1	✓		
27	Leyane Sphiwosethu	3			W	W		P	P	P	P	W	W	P	P		P		W	W						W	W						W	7			✓	
28	Liyam Sanderson	4			W	W		P	P	P	P	W	W	P	P		P		W	W						W	W						W	7		✓		
29	Lubisi Favour	4			W	W		P	P	P	P	W	W	P	P		P		W	W						W	W						W	7		✓		
30	Mabila Ubenami	2			W	W		P	P	P	P	W	W	P	P		P		W	W						W	W						W	7		✓		
TOTAL NUMBER OF CHILDREN PRESENT								12	14	14	13			13	13		13																					
TOTAL NUMBER OF CHILDREN ABSENT								3	1	1	2			2	2		2																					

ADJUSTMENTS TO CHANGE IN NUMBER OF CHILDREN		
DESCRIPTION	TOTAL	COMMENTS
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2. DROP -OUTS		
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46	Mashabane Atlehang	4			W	W		P	A	P	P	W	W	P	P		P		W	W						W	W						W	6	1	✓								
47	Mashabane Nhlabulo	5			W	W		A	A	P	P	W	W	P	P		P		W	W						W	W						W	5	2	✓								
48	Mashabane Priyanka	5			W	W		P	P	P	P	W	W	P	P		A		W	W						W	W						W	6	1		✓							
49	Mashego Princess	4			W	W		P	P	P	P	W	W	P	P		P		W	W						W	W						W	7		✓								
50	Mashigo Asemahle	4			W	W		P	P	P	P	W	W	P	P		P		W	W						W	W						W	7		✓								
51	Mashile Opelong	1			W	W		A	A	A	A	W	W	A	A		A		W	W						W	W						W		7		✓							
52	Masuku Lwandile	4			W	W		P	P	P	P	W	W	P	P		P		W	W						W	W						W	7		✓								
53	Masuku Unathi	4			W	W		P	P	P	P	W	W	P	P		P		W	W						W	W						W	7		✓								
54	Mathebula Nhlanhla	5			W	W		P	P	P	P	W	W	P	P		P		W	W						W	W						W	7			✓							
55	Mathebula Thandolwethu	1			W	W		P	P	P	P	W	W	A	P		P		W	W						W	W						W	6	1		✓							
56	Mathibela Phetho	4			W	W		P	P	P	P	W	W	P	P		P		W	W						W	W						W	7			✓							
57	Matsane Greyson	4			W	W		P	P	P	P	W	W	P	P		P		W	W						W	W						W	7			✓							
58	Matsane Ofentse	3			W	W		P	P	P	P	W	W	P	P		P		W	W						W	W						W	7			✓							
59	Mazibane Gemini	3			W	W		P	P	P	P	W	W	P	P		P		W	W						W	W						W	7			✓							
60	Mbiza Lwandile	6			W	W		A	P	P	P	W	W	P	P		P		W	W						W	W						W	6	1		✓							
TOTAL NUMBER OF CHILDREN PRESENT								12	12	14	14			13	14		13																											
TOTAL NUMBER OF CHILDREN ABSENT								3	3	1	1			2	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 Rhlane	4			W	W		P	P	P	P	W	W	P	P		P		W	W						W	W						W	7		✓	
62	Mdluli Ayama	4			W	W		P	P	P	P	W	W	P	P		P		W	W						W	W						W	7		✓	
63	Mdluli Kayton				W	W		P	P	P	P	W	W	P	P		A		W	W						W	W						W	6	1		✓
64	Mdluli Mpho				W	W		P	P	P	P	W	W	P	P		P		W	W						W	W						W	7			✓
65	Mdluli Olwethu	3			W	W		A	A	A	A	W	W	P	P		P		W	W						W	W						W	3	4	✓	
66	Methula Ayama	3			W	W		P	P	P	P	W	W	P	P		P		W	W						W	W						W	7		✓	
67	Mgiba Nsika	3			W	W		P	P	P	P	W	W	P	P		P		W	W						W	W						W	7		✓	
68	Mgibe Tshego	5			W	W		A	P	P	A	W	W	P	A		A		W	W						W	W						W	3	4		✓
69	Mgwenya Bayandile	3			W	W		P	P	P	P	W	W	P	P		P		W	W						W	W						W	7		✓	
70	Mgwenya Mellod	5			W	W		P	P	P	P	W	W	P	P		P		W	W						W	W						W	7		✓	
71	Mgwenya Nonhle	6			W	W		P	P	P	P	W	W	P	P		P		W	W						W	W						W	7			✓
72	Mgwenya Smamukele	5			W	W		P	P	P	A	W	W	P	P		P		W	W						W	W						W	6	1		✓
73	Mhaule Langelihle	5			W	W		P	P	P	P	W	W	P	P		P		W	W						W	W						W	7			✓
74	Mhlaba Brianna	3			W	W		A	P	P	P	W	W	P	P		P		W	W						W	W						W	6	1	✓	
75	Mhlanga Marquisa	2			W	W		P	P	P	P	W	W	P	P		P		W	W						W	W						W	7			✓
TOTAL NUMBER OF CHILDREN PRESENT								12	14	14	12			15	14		13																				
TOTAL NUMBER OF CHILDREN ABSENT								3	1	1	3				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

PRINCIPAL

TREASURER

DATE

DATE

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	P		A		W	W						W	W						W	4	3		✓	
77	Mkhabela Sphokuhle	4			W	W		P	P	P	P	W	W	P	P		P		W	W						W	W						W	7		✓		
78	Mkhabela Tirani	4			W	W		P	P	P	P	W	W	P	P		P		W	W						W	W						W	7		✓		
79	Mkhabela Tiyani	4			W	W		P	P	P	P	W	W	P	P		P		W	W						W	W						W	7		✓		
80	Mkhantswa Langelihle	2			W	W		P	P	P	P	W	W	P	P		P		W	W						W	W						W	7		✓		
81	Mkhomazi Langelihle	4			W	W		P	P	P	P	W	W	P	P		P		W	W						W	W						W	7		✓		
82	Mkhondo Lethabo	5			W	W		P	P	A	P	W	W	P	P		P		W	W						W	W						W	6	1	✓		
83	Mkhonto Oarabile	4			W	W		P	P	P	P	W	W	P	P		P		W	W						W	W						W	7		✓		
84	Mkhonto Tlotliso	0			W	W		A	P	P	P	W	W	P	P		P		W	W						W	W						W	6	1		✓	
85	Mkhonto Vernon	3			W	W		A	P	P	P	W	W	P	P		A		W	W						W	W						W	5	2		✓	
86	Mlombo Elami	3			W	W		P	P	P	P	W	W	P	P		P		W	W						W	W						W	7		✓		
87	Mndawe Nhlanhlayethu				W	W		P	P	P	P	W	W	P	P		P		W	W						W	W						W	7		✓		
88	Mndawe Stsandiwe	5			W	W		P	P	P	P	W	W	P	P		P		W	W						W	W						W	7		✓		
89	Mnisi Aphiwe	2			W	W		P	P	P	P	W	W	P	P		P		W	W						W	W						W	7		✓		
90	Mnisi Khwezikazi	2			W	W		P	P	P	P	W	W	P	P		P		W	W						W	W						W	7		✓		
TOTAL NUMBER OF CHILDREN PRESENT								12	15	14	15			14	15		13																					
TOTAL NUMBER OF CHILDREN ABSENT								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:

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	
91	Mnisi Leon	4			W	W		P	P	P	P	W	W	P	P		P		W	W						W	W						W	7		✓		
92	Mnisi Nqubeko	1			W	W		A	P	P	P	W	W	P	P		P		W	W						W	W						W	6	1	✓		
93	Mnisi Qiniso	5			W	W		A	P	P	P	W	W	P	P		P		W	W						W	W						W	6	1		✓	
94	Mnisi Royalty	4			W	W		P	P	P	P	W	W	P	P		P		W	W						W	W						W	7		✓		
95	Mnisi Sithelo	5			W	W		P	P	P	P	W	W	P	P		P		W	W						W	W						W	7		✓		
96	Mohale Manqoba	4			W	W		P	P	P	P	W	W	P	P		P		W	W						W	W						W	7		✓		
97	Mokoena Alwande	4			W	W		P	P	P	P	W	W	P	P		P		W	W						W	W						W	7		✓		
98	Mokoena Itumeleng	5			W	W		P	P	P	P	W	W	P	P		P		W	W						W	W						W	7		✓		
99	Mokoena Kelebogile	5			W	W		P	P	P	P	W	W	P	P		P		W	W						W	W						W	7			✓	
	Mokoena Melokuhle	4			W	W		P	P	P	P	W	W	P	P		P		W	W						W	W						W	7		✓		
	Mokoena Mkhululi	3			W	W		P	P	P	P	W	W	P	P		A		W	W						W	W						W	6	1	✓		
	Mokoena Neo	4			W	W		A	P	P	P	W	W	P	P		P		W	W						W	W						W	6	1	✓		
	Mokoena Sihle	4			W	W		P	P	P	P	W	W	P	P		P		W	W						W	W						W	7			✓	
	Mokoena Siphesihle	4			W	W		P	P	P	P	W	W	P	P		P		W	W						W	W						W	7		✓		
	Mokoena Thato	4			W	W		P	A	A	P	W	W	P	P		P		W	W						W	W						W	5	2		✓	
TOTAL NUMBER OF CHILDREN PRESENT								12	14	14	15			15	15		14																					
TOTAL NUMBER OF CHILDREN ABSENT								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)

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 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
	Mona Hlelo	5			W	W		P	P	P	P	W	W	P	P		P		W	W						W	W						W	7		✓	
	Mona Langaletu	5			W	W		A	P	P	P	W	W	P	P		P		W	W						W	W						W	6	1	✓	
	Mona Lwando	4			W	W		A	P	P	P	W	W	P	P		P		W	W						W	W						W	6	1		✓
	Mona Melokuhle	3			W	W		A	P	A	P	W	W	A	P		A		W	W						W	W						W	3	4		✓
	Mona Mpendulo	5			W	W		P	P	P	P	W	W	P	P		P		W	W						W	W						W	7		✓	
	Monareng Ziyanda				W	W		A	P	P	P	W	W	P	P		A		W	W						W	W						W	5	2		✓
	Morena Kgoshi	2			W	W		A	P	P	P	W	W	A	P		P		W	W						W	W						W	5	2		✓
	Moyana Nkazimulo	3			W	W		P	P	P	P	W	W	P	P		P		W	W						W	W						W	7		✓	
	Msimango Bohlale	4			W	W		P	P	P	P	W	W	P	P		P		W	W						W	W						W	7		✓	
	Msimango Kamogelo	4			W	W		P	P	P	P	W	W	P	P		P		W	W						W	W						W	7		✓	
	Nake Amanhle	4			W	W		P	P	P	P	W	W	P	P		P		W	W						W	W						W	7		✓	
	Nake Rorisang	5			W	W		P	P	P	P	W	W	P	P		P		W	W						W	W						W	7			✓
	Ndhlakude Botshelo	4			W	W		P	P	P	P	W	W	P	P		P		W	W						W	W						W	7		✓	
	Ndhlovu Quinton				W	W		P	P	P	P	W	W	A	P		A		W	W						W	W						W	5	2		✓
	Ndlovu Ayabonga	5			W	W		P	P	P	P	W	W	P	P		P		W	W						W	W						W	7		✓	
TOTAL NUMBER OF CHILDREN PRESENT								10	15	14	15			12	15		12																				
TOTAL NUMBER OF CHILDREN ABSENT								5		1				3			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:

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								
	Ngobe William	3			W	W		P	P	P	P	W	W	P	P		P		W	W						W	W						W	7			✓								
	Ngobe Zanenkosi	4			W	W		P	P	P	P	W	W	P	A		P		W	W						W	W						W	6	1		✓								
	Ngobeni Clade	3			W	W		P	P	P	P	W	W	A	A		A		W	W						W	W						W	4	3		✓								
	Ngobeni Clayde	3			W	W		A	P	P	A	W	W	P	A		P		W	W						W	W						W	4	3		✓								
	Ngomane Linhle	4			W	W		P	P	P	P	W	W	P	P		P		W	W						W	W						W	7		✓									
	Ngomane Phiwokuhle	4			W	W		P	P	P	P	W	W	P	P		P		W	W						W	W						W	7		✓									
	Ngomane Zanothando	4			W	W		P	P	P	P	W	W	P	P		P		W	W						W	W						W	7		✓									
	Ngungu Lennon	2			W	W		A	A	P	A	W	W	P	P		P		W	W						W	W						W	4	3	✓									
	Ngwenya Liam	3			W	W		A	P	P	A	W	W	P	P		P		W	W						W	W						W	5	2		✓								
	Ngwenya Mvelo	3			W	W		A	P	A	P	W	W	P	A		P		W	W						W	W						W	4	3		✓								
	Ngwenya Terrian	4			W	W		A	A	A	A	W	W	A	A		A		W	W						W	W						W		7		✓								
	Nkambule Minenhle	4			W	W		A	P	A	A	W	W	P	P		P		W	W						W	W						W	4	3	✓									
	Nkosi Enzokuhle	5			W	W		P	P	P	P	W	W	P	P		P		W	W						W	W						W	7		✓									
	Nkosi Lebone Pearl	3			W	W		P	P	P	P	W	W	P	P		P		W	W						W	W						W	7		✓									
	Nkosi Sinokuhle	4			W	W		A	A	P	A	W	W	A	A		A		W	W						W	W						W	1	6		✓								
TOTAL NUMBER OF CHILDREN PRESENT								8	12	12	9			12	9		12																												
TOTAL NUMBER OF CHILDREN ABSENT								7	3	3	6			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)

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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		P		W	W						W	W						W	7		✓									
	Nkosi Zanokuhle	4			W	W		P	A	A	P	W	W	P	P		P		W	W						W	W						W	5	2	✓									
	Nkuna Asiphe	5			W	W		P	P	P	P	W	W	P	P		P		W	W						W	W						W	7		✓									
	Nkuna Karabo	4			W	W		A	A	A	A	W	W	A	A		A		W	W						W	W						W		7		✓								
	Nobunga Amara	4			W	W		A	P	P	P	W	W	P	P		P		W	W						W	W						W	6	1		✓								
	Nonyane Nkhosikhona	4			W	W		P	P	P	P	W	W	P	P		P		W	W						W	W						W	7		✓									
	Nonyane Ocean	4			W	W		P	P	P	P	W	W	P	P		P		W	W						W	W						W	7			✓								
	Ntimba Tumi	4			W	W		P	P	P	P	W	W	P	P		P		W	W						W	W						W	7			✓								
	Nyathikazi Charisma	4			W	W		P	P	P	P	W	W	P	P		P		W	W						W	W						W	7			✓								
	Nyundu Happiness	5			W	W		P	P	P	P	W	W	P	P		P		W	W						W	W						W	7		✓									
	Ramashia Kingsly	5			W	W		P	P	P	P	W	W	P	P		P		W	W						W	W						W	7		✓									
	Roberto Itel	5			W	W		A	P	A	P	W	W	P	P		P		W	W						W	W						W	5	2		✓								
	Sambo Sphokazi	4			W	W		P	P	P	P	W	W	P	P		P		W	W						W	W						W	7		✓									
	Sedibe Melisa	4			W	W		P	P	P	P	W	W	P	P		P		W	W						W	W						W	7			✓								
	Sengwane Babongile	4			W	W		P	P	P	P	W	W	P	P		P		W	W						W	W						W	7		✓									
TOTAL NUMBER OF CHILDREN PRESENT								12	13	12	14			14	14		14																												
TOTAL NUMBER OF CHILDREN ABSENT								3	2	3	1			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)

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

PRINCIPAL

TREASURER

DATE

DATE

DATE

DEPARTMENTAL REPRESENTATIVE: _____

DATE: _____