

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	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 Lethothuhle	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 Mikhenso	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)

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	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
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	
			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	5			W	W		P	P	P	P	W	W	P	P		P		W	W						W	W						W	7		✓	
32	Mahatlani Wakwetsima	5			W	W		A	P	P	P	W	W	P	P		P		W	W						W	W						W	6	1	✓	
33	Maila Lisa	2			W	W		P	P	P	P	W	W	P	P		P		W	W						W	W						W	7		✓	
34	Makola Boikano	4			W	W		P	P	P	P	W	W	P	P		P		W	W						W	W						W	7		✓	
35	Makwela Charisma	4			W	W		P	P	P	A	W	W	P	P		P		W	W						W	W						W	6	1	✓	
36	Malete Nkazimulo	5			W	W		P	P	P	P	W	W	P	P		P		W	W						W	W						W	7			✓
37	Malope Lerumo	4			W	W		P	P	P	P	W	W	P	P		P		W	W						W	W						W	7		✓	
38	Maluleke Enelo	4			W	W		A	P	P	A	W	W	P	P		A		W	W						W	W						W	4	3		✓
39	Maluleke Gendo	1			W	W		A	P	P	A	W	W	P	P		A		W	W						W	W						W	4	3		✓
40	Malumane Hlelokuhle	5			W	W		A	P	A	A	W	W	A	P		A		W	W						W	W						W	2	5		✓
41	Manhique Keitumetsi	4			W	W		P	P	P	P	W	W	P	P		P		W	W						W	W						W	7			✓
42	Manzini Andzani	5			W	W		P	P	P	P	W	W	P	P		P		W	W						W	W						W	7			✓
43	Maphanga Dumisile	5			W	W		P	P	P	P	W	W	P	P		P		W	W						W	W						W	7			✓
44	Marula Bokamosa	4			W	W		P	P	P	P	W	W	P	P		P		W	W						W	W						W	7		✓	
45	Maseko Onalerona	4			W	W		A	P	A	A	W	W	P	A		A		W	W						W	W						W	2	5	✓	
TOTAL NUMBER OF CHILDREN PRESENT								10	15	13	10			14	14		11																				
TOTAL NUMBER OF CHILDREN ABSENT								5		2	5			1	1		4																				

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	
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:

			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	
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 Stsandziwe	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:

ED NAME: Bethel Creche & Pre-School			MONTH: October		YEAR: 2020		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								
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:

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	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)

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	
	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: _____