

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

ADJUSTMENTS TO CHANGE IN NUMBER OF CHILDREN	
DESCRIPTION	TOTAL
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		
16	Khoza Justice	1			W	W		P	P	P	P	W	W	P	P	P	P	P	W	W	P	P					W	W						W	11		✓		
17	Khoza Sbongokuhle	4			W	W		P	P	P	P	W	W	P	P	P	A	P	W	W	P	P					W	W						W	10	1	✓		
18	Khumalo Fion	4			W	W		P	P	P	P	W	W	P	P	P	P	P	W	W	P	P					W	W						W	11		✓		
19	Khumalo Pelliah	4			W	W		P	P	P	P	W	W	P	P	P	P	P	W	W	P	P					W	W						W	11		✓		
20	Kiara Sanderson	5			W	W		P	P	P	P	W	W	P	P	P	P	P	W	W	P	P					W	W						W	11		✓		
21	Lamula Kgodoso	3			W	W		A	A	A	P	W	W	P	P	P	P	A	W	W	A	P					W	W						W	6	5		✓	
22	Lawrence Abby	4			W	W		A	P	P	A	W	W	A	A	A	P	A	W	W	A	A					W	W						W	3	8		✓	
23	Lawrence Taydén	4			W	W		A	P	P	A	W	W	A	A	A	P	A	W	W	A	P					W	W						W	4	7	✓		
24	Lekhuleni Monde	5			W	W		P	P	P	P	W	W	P	P	P	P	P	W	W	P	P					W	W						W	11			✓	
25	Lekhuleni Sanele	5			W	W		P	P	P	P	W	W	P	P	P	P	P	W	W	P	P					W	W						W	11		✓		
26	Letshane Bothlale	4			W	W		P	P	P	P	W	W	P	P	P	A	A	W	W	P	P					W	W						W	9	2	✓		
27	Leyane Sphiwosethu	3			W	W		P	P	P	P	W	W	P	P	P	P	P	W	W	P	P					W	W						W	11			✓	
28	Liyam Sanderson	4			W	W		P	P	P	P	W	W	P	P	P	P	P	W	W	P	P					W	W						W	11		✓		
29	Lubisi Favour	4			W	W		P	P	P	P	W	W	P	P	P	P	P	W	W	P	A					W	W						W	10	1	✓		
30	Mabila Ubenami	2			W	W		P	P	P	P	W	W	P	P	P	P	P	W	W	P	P					W	W						W	11		✓		
TOTAL NUMBER OF CHILDREN PRESENT								12	14	14	13			13	13	13	13	11			12	13																	
TOTAL NUMBER OF CHILDREN ABSENT								3	1	1	2			2	2	2	2	4			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

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
31	Mabuza Kwandokuhle	5			W	W		P	P	P	P	W	W	P	P	P	P	P	W	W	P	P				W	W						W	11		✓	
32	Mahatlani Wakwetsima	5			W	W		A	P	P	P	W	W	P	P	P	P	P	W	W	P	P				W	W						W	10	1	✓	
33	Maila Lisa	2			W	W		P	P	P	P	W	W	P	P	P	P	P	W	W	P	P				W	W						W	11		✓	
34	Makola Boikano	4			W	W		P	P	P	P	W	W	P	P	P	P	P	W	W	P	P				W	W						W	11		✓	
35	Makwela Charisma	4			W	W		P	P	P	A	W	W	P	P	P	P	P	W	W	P	P				W	W						W	10	1	✓	
36	Malete Nkazimulo	5			W	W		P	P	P	P	W	W	P	P	P	P	P	W	W	P	P				W	W						W	11			✓
37	Malope Lerumo	4			W	W		P	P	P	P	W	W	P	P	P	P	P	W	W	P	P				W	W						W	11		✓	
38	Maluleke Enelo	4			W	W		A	P	P	A	W	W	P	P	A	A	A	W	W	A	P				W	W						W	5	6		✓
39	Maluleke Gendo	1			W	W		A	P	P	A	W	W	P	P	A	A	A	W	W	A	P				W	W						W	5	6		✓
40	Malumane Hlelokuhle	5			W	W		A	P	A	A	W	W	A	P	A	A	A	W	W	P	A				W	W						W	3	8		✓
41	Manhique Keitumetsi	4			W	W		P	P	P	P	W	W	P	P	P	P	P	W	W	P	P				W	W						W	11			✓
42	Manzini Andzani	5			W	W		P	P	P	P	W	W	P	P	P	P	P	W	W	P	P				W	W						W	11			✓
43	Maphanga Dumisile	5			W	W		P	P	P	P	W	W	P	P	A	P	P	W	W	P	P				W	W						W	10	1		✓
44	Marula Bokamosa	4			W	W		P	P	P	P	W	W	P	P	P	P	P	W	W	P	P				W	W						W	11		✓	
45	Maseko Onalerona	4			W	W		A	P	A	A	W	W	P	A	P	A	P	W	W	P	A				W	W						W	5	6	✓	
TOTAL NUMBER OF CHILDREN PRESENT								10	15	13	10				14	14	11	11	12																		
TOTAL NUMBER OF CHILDREN ABSENT								5		2	5				1	1	4	4	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

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	
																																		(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	4			W	W		P	A	P	P	W	W	P	P	P	P	P	W	W	P	P				W	W						W	10	1	✓	
47	Mashabane Nhlabulo	5			W	W		A	A	P	P	W	W	P	P	P	P	P	W	W	P	P				W	W						W	9	2	✓	
48	Mashabane Priyanka	5			W	W		P	P	P	P	W	W	P	P	P	A	P	W	W	P	P				W	W						W	10	1		✓
49	Mashego Princess	4			W	W		P	P	P	P	W	W	P	P	P	P	P	W	W	P	P				W	W						W	11			✓
50	Mashigo Asemahle	4			W	W		P	P	P	P	W	W	P	P	P	P	P	W	W	P	P				W	W						W	11			✓
51	Mashile Opelong	1			W	W		A	A	A	A	W	W	A	A	A	A	A	W	W	A	A				W	W						W		11		✓
52	Masuku Lwandile	4			W	W		P	P	P	P	W	W	P	P	P	P	P	W	W	P	P				W	W						W	11			✓
53	Masuku Unathi	4			W	W		P	P	P	P	W	W	P	P	P	P	P	W	W	P	P				W	W						W	11			✓
54	Mathebula Nhlanhla	5			W	W		P	P	P	P	W	W	P	P	P	P	P	W	W	P	P				W	W						W	11			✓
55	Mathebula Thandolwethu	1			W	W		P	P	P	P	W	W	A	P	P	P	P	W	W	P	P				W	W						W	10	1		✓
56	Mathibela Phetho	4			W	W		P	P	P	P	W	W	P	P	P	P	A	W	W	P	P				W	W						W	10	1		✓
57	Matsane Greyson	4			W	W		P	P	P	P	W	W	P	P	P	P	P	W	W	P	P				W	W						W	11			✓
58	Matsane Ofentse	3			W	W		P	P	P	P	W	W	P	P	P	P	P	W	W	P	P				W	W						W	11			✓
59	Mazibane Gemini	3			W	W		P	P	P	P	W	W	P	P	P	P	P	W	W	P	P				W	W						W	11			✓
60	Mbiza Lwandile	6			W	W		A	P	P	P	W	W	P	P	P	P	P	W	W	P	P				W	W						W	10	1		✓
TOTAL NUMBER OF CHILDREN PRESENT								12	12	14	14			13	14	14	13	13			14	14															
TOTAL NUMBER OF CHILDREN ABSENT								3	3	1	1			2	1	1	2	2			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

PRINCIPAL

TREASURER

DATE

DATE

DATE

DEPARTMENTAL REPRESENTATIVE: _____

DATE: _____

DAILY ATTENDANCE REGISTER

ECD NAME: Bethel Crèche & Pre-School

MONTH: October

YEAR: 2026

QUARTER: 4

WARD:

ED NAME: Deller Creche & Pre-School			MONTH: October			YEAR: 2020			QUARTER: 4			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)

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	P	A	A	W	W	P	P				W	W						W	7	4		✓
77	Mkhabela Sphokuhle	4			W	W		P	P	P	P	W	W	P	P	P	P	P	W	W	P	P				W	W						W	11		✓	
78	Mkhabela Tirani	4			W	W		P	P	P	P	W	W	P	P	P	P	P	W	W	P	P				W	W						W	11		✓	
79	Mkhabela Tiyani	4			W	W		P	P	P	P	W	W	P	P	P	P	P	W	W	P	P				W	W						W	11		✓	
80	Mkhantswa Langelihle	2			W	W		P	P	P	P	W	W	P	P	P	P	P	W	W	P	P				W	W						W	11		✓	
81	Mkhomazi Langelihle	4			W	W		P	P	P	P	W	W	P	P	P	P	A	W	W	P	P				W	W						W	10	1	✓	
82	Mkhondo Lethabo	5			W	W		P	P	A	P	W	W	P	P	P	P	P	W	W	P	P				W	W						W	10	1	✓	
83	Mkhonto Oarabile	4			W	W		P	P	P	P	W	W	P	P	P	P	A	W	W	P	P				W	W						W	10	1	✓	
84	Mkhonto Tlotliso	0			W	W		A	P	P	P	W	W	P	P	A	P	A	W	W	A	P				W	W						W	7	4		✓
85	Mkhonto Vernon	3			W	W		A	P	P	P	W	W	P	P	P	A	A	W	W	A	P				W	W						W	7	4		✓
86	Mlombo Elami	3			W	W		P	P	P	P	W	W	P	P	P	P	A	W	W	P	P				W	W						W	10	1	✓	
87	Mndawe Nhlanhlayethu				W	W		P	P	P	P	W	W	P	P	P	P	A	W	W	P	P				W	W						W	10	1		✓
88	Mndawe Stsandiwe	5			W	W		P	P	P	P	W	W	P	P	P	P	P	W	W	P	P				W	W						W	11		✓	
89	Mnisi Aphiwe	2			W	W		P	P	P	P	W	W	P	P	P	P	P	W	W	P	P				W	W						W	11		✓	
90	Mnisi Khwezikazi	2			W	W		P	P	P	P	W	W	P	P	P	P	P	W	W	A	P				W	W						W	10	1		✓
TOTAL NUMBER OF CHILDREN PRESENT								12	15	14	15			14	15	14	13	8			12	15															
TOTAL NUMBER OF CHILDREN ABSENT								3		1				1		1	2	7			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: 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								
91	Mnisi Leon	4			W	W		P	P	P	P	W	W	P	P	P	P	P	W	W	P	P					W	W						W	11		✓								
92	Mnisi Nqubeko	1			W	W		A	P	P	P	W	W	P	P	P	P	P	W	W	P	P					W	W						W	10	1	✓								
93	Mnisi Qiniso	5			W	W		A	P	P	P	W	W	P	P	P	P	P	W	W	P	P					W	W						W	10	1		✓							
94	Mnisi Royalty	4			W	W		P	P	P	P	W	W	P	P	P	P	P	W	W	P	P					W	W						W	11		✓								
95	Mnisi Sithelo	5			W	W		P	P	P	P	W	W	P	P	P	P	P	W	W	P	P					W	W						W	11		✓								
96	Mohale Manqoba	4			W	W		P	P	P	P	W	W	P	P	P	P	P	W	W	P	P					W	W						W	11		✓								
97	Mokoena Alwande	4			W	W		P	P	P	P	W	W	P	P	P	P	P	W	W	P	P					W	W						W	11		✓								
98	Mokoena Itumeleng	5			W	W		P	P	P	P	W	W	P	P	P	P	P	W	W	P	P					W	W						W	11		✓								
99	Mokoena Kelebogile	5			W	W		P	P	P	P	W	W	P	P	P	P	P	W	W	P	P					W	W						W	11			✓							
	Mokoena Melokuhle	4			W	W		P	P	P	P	W	W	P	P	P	P	P	W	W	P	P					W	W						W	11		✓								
	Mokoena Mkhululi	3			W	W		P	P	P	P	W	W	P	P	P	A	A	W	W	P	P					W	W						W	9	2	✓								
	Mokoena Neo	4			W	W		A	P	P	P	W	W	P	P	P	P	P	W	W	P	P					W	W						W	10	1	✓								
	Mokoena Sihle	4			W	W		P	P	P	P	W	W	P	P	P	P	P	W	W	P	A					W	W						W	10	1		✓							
	Mokoena Siphesihle	4			W	W		P	P	P	P	W	W	P	P	P	P	P	W	W	P	P					W	W						W	11		✓								
	Mokoena Thato	4			W	W		P	A	A	P	W	W	P	P	P	P	A	W	W	P	A					W	W						W	7	4		✓							
TOTAL NUMBER OF CHILDREN PRESENT								12	14	14	15			15	15	15	14	13			15	13																							
TOTAL NUMBER OF CHILDREN ABSENT								3	1	1							1	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:

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								
	Mona Hlelo	5			W	W		P	P	P	P	W	W	P	P	P	P	P	W	W	P	P					W	W						W	11		✓								
	Mona Langaletu	5			W	W		A	P	P	P	W	W	P	P	P	P	P	W	W	P	P					W	W						W	10	1	✓								
	Mona Lwando	4			W	W		A	P	P	P	W	W	P	P	P	P	P	W	W	P	P					W	W						W	10	1		✓							
	Mona Melokuhle	3			W	W		A	P	A	P	W	W	A	P	P	A	A	W	W	P	A					W	W						W	5	6		✓							
	Mona Mpendulo	5			W	W		P	P	P	P	W	W	P	P	P	P	P	W	W	P	P					W	W						W	11		✓								
	Monareng Ziyanda				W	W		A	P	P	P	W	W	P	P	P	A	A	W	W	P	P					W	W						W	8	3		✓							
	Morena Kgoshi	2			W	W		A	P	P	P	W	W	A	P	P	P	P	W	W	P	P					W	W						W	9	2		✓							
	Moyana Nkazimulo	3			W	W		P	P	P	P	W	W	P	P	P	P	P	W	W	P	P					W	W						W	11		✓								
	Msimango Bohlale	4			W	W		P	P	P	P	W	W	P	P	P	P	P	W	W	P	P					W	W						W	11		✓								
	Msimango Kamogelo	4			W	W		P	P	P	P	W	W	P	P	P	P	A	W	W	P	P					W	W						W	10	1	✓								
	Nake Amanhle	4			W	W		P	P	P	P	W	W	P	P	P	P	P	W	W	P	P					W	W						W	11		✓								
	Nake Rorisang	5			W	W		P	P	P	P	W	W	P	P	P	P	P	W	W	P	P					W	W						W	11			✓							
	Ndhlakude Botshelo	4			W	W		P	P	P	P	W	W	P	P	P	P	P	W	W	P	P					W	W						W	11		✓								
	Ndhlovu Quinton				W	W		P	P	P	P	W	W	A	P	P	A	P	W	W	P	P					W	W						W	9	2		✓							
	Ndlovu Ayabonga	5			W	W		P	P	P	P	W	W	P	P	P	P	P	W	W	P	P					W	W						W	11		✓								
TOTAL NUMBER OF CHILDREN PRESENT								10	15	14	15			12	15	15	12	12			15	14																							
TOTAL NUMBER OF CHILDREN ABSENT								5		1				3			3	3				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: Duter 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	P	P	W	W	P	A					W	W						W	10	1		✓
	Ngobe Zanenkosi	4			W	W		P	P	P	P	W	W	P	A	P	P	A	W	W	P	A					W	W						W	8	3		✓
	Ngobeni Clade	3			W	W		P	P	P	P	W	W	A	A	P	A	A	W	W	P	A					W	W						W	6	5		✓
	Ngobeni Clayde	3			W	W		A	P	P	A	W	W	P	A	P	P	A	W	W	A	P					W	W						W	6	5		✓
	Ngomane Linhle	4			W	W		P	P	P	P	W	W	P	P	P	P	P	W	W	P	P					W	W						W	11		✓	
	Ngomane Phiwokuhle	4			W	W		P	P	P	P	W	W	P	P	P	P	P	W	W	P	P					W	W						W	11		✓	
	Ngomane Zanothando	4			W	W		P	P	P	P	W	W	P	P	P	P	A	W	W	P	P					W	W						W	10	1	✓	
	Ngungu Lennon	2			W	W		A	A	P	A	W	W	P	P	A	P	P	W	W	P	P					W	W						W	7	4	✓	
	Ngwenya Liam	3			W	W		A	P	P	A	W	W	P	P	A	P	P	W	W	P	P					W	W						W	8	3		✓
	Ngwenya Mvelo	3			W	W		A	P	A	P	W	W	P	A	A	P	A	W	W	P	P					W	W						W	6	5		✓
	Ngwenya Terrian	4			W	W		A	A	A	A	W	W	A	A	A	A	A	W	W	A	A					W	W						W		11		✓
	Nkambule Minenhle	4			W	W		A	P	A	A	W	W	P	P	P	P	P	W	W	A	P					W	W						W	7	4	✓	
	Nkosi Enzokuhle	5			W	W		P	P	P	P	W	W	P	P	P	P	P	W	W	P	P					W	W						W	11		✓	
	Nkosi Lebone Pearl	3			W	W		P	P	P	P	W	W	P	P	P	P	P	W	W	P	P					W	W						W	11		✓	
	Nkosi Sinokuhle	4			W	W		A	A	P	A	W	W	A	A	A	A	A	W	W	A	A					W	W						W	1	10		✓
TOTAL NUMBER OF CHILDREN PRESENT								8	12	12	9			12	9	10	12	8			11	10																
TOTAL NUMBER OF CHILDREN ABSENT								7	3	3	6			3	6	5	3	7			4	5																

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	P	P	W	W	P	P				W	W						W	11		✓	
	Nkosi Zanoluhle	4			W	W		P	A	A	P	W	W	P	P	P	P	P	W	W	P	P				W	W						W	9	2	✓	
	Nkuna Asiphe	5			W	W		P	P	P	P	W	W	P	P	P	P	P	W	W	P	P				W	W						W	11		✓	
	Nkuna Karabo	4			W	W		A	A	A	A	W	W	A	A	A	A	A	W	W	A	A				W	W						W		11		✓
	Nobunga Amara	4			W	W		A	P	P	P	W	W	P	P	P	P	P	W	W	A	A				W	W						W	8	3		✓
	Nonyane Nkhosikhona	4			W	W		P	P	P	P	W	W	P	P	P	P	A	W	W	P	P				W	W						W	10	1	✓	
	Nonyane Ocean	4			W	W		P	P	P	P	W	W	P	P	P	P	P	W	W	P	P				W	W						W	11		✓	
	Ntimba Tumi	4			W	W		P	P	P	P	W	W	P	P	P	P	P	W	W	P	P				W	W						W	11		✓	
	Nyathikazi Charisma	4			W	W		P	P	P	P	W	W	P	P	P	P	P	W	W	P	P				W	W						W	11		✓	
	Nyundu Happiness	5			W	W		P	P	P	P	W	W	P	P	P	P	P	W	W	P	P				W	W						W	11		✓	
	Ramashia Kingsly	5			W	W		P	P	P	P	W	W	P	P	P	P	P	W	W	P	P				W	W						W	11		✓	
	Roberto Itel	5			W	W		A	P	A	P	W	W	P	P	P	P	P	W	W	P	P				W	W						W	9	2		✓
	Sambo Sphokazi	4			W	W		P	P	P	P	W	W	P	P	P	P	P	W	W	P	P				W	W						W	11		✓	
	Sedibe Melisa	4			W	W		P	P	P	P	W	W	P	P	P	P	P	W	W	P	P				W	W						W	11		✓	
	Sengwane Babongile	4			W	W		P	P	P	P	W	W	P	P	P	P	P	W	W	P	P				W	W						W	11		✓	
TOTAL NUMBER OF CHILDREN PRESENT								12	13	12	14			14	14	14	14	13			13	13															
TOTAL NUMBER OF CHILDREN ABSENT								3	2	3	1			1	1	1	1	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																																			
	Sengwayo Hlelolwakhe	4			W	W		P	P	P	P	W	W	P	P	P	P	P	W	W	P	P				W	W						W	11		✓	
	Shabangu Bonolo	5			W	W		P	P	P	P	W	W	P	P	P	P	P	W	W	P	P				W	W						W	11		✓	
	Shabangu Kgopotso	5			W	W		A	A	P	A	W	W	P	P	P	P	A	W	W	P	P				W	W						W	7	4	✓	
	Shabangu Muhluri	5			W	W		A	A	P	A	W	W	P	P	P	P	P	W	W	P	P				W	W						W	8	3	✓	
	Shikaya Lihle	4			W	W		P	P	P	P	W	W	P	P	P	P	P	W	W	P	P				W	W						W	11			✓
	Shongwe Lwandile	2			W	W		A	P	P	P	W	W	P	P	P	A	P	W	W	P	P				W	W						W	9	2	✓	
	Sibiya Alwande	5			W	W		P	P	P	P	W	W	P	P	P	P	P	W	W	P	A				W	W						W	10	1		✓
	Sibiya Ziyanda	3			W	W		P	P	P	P	W	W	A	P	P	P	P	W	W	P	P				W	W						W	10	1	✓	
	Sono Onalerona	4			W	W		A	P	A	P	W	W	A	P	A	A	P	W	W	P	P				W	W						W	6	5		✓
	Sundlhane Ntsako	5			W	W		P	P	P	P	W	W	P	P	P	P	P	W	W	P	P				W	W						W	11			✓
	Thabethe Angel	5			W	W		A	A	P	P	W	W	A	P	P	P	P	W	W	A	P				W	W						W	7	4		✓
	Thagane Banele				W	W		P	P	P	A	W	W	P	A	P	P	A	W	W	P	P				W	W						W	8	3		✓
	Theko Minenhle	5			W	W		P	P	P	P	W	W	P	P	P	P	P	W	W	P	P				W	W						W	11		✓	
	Vandhla Sky	1			W	W		A	P	P	A	W	W	P	A	A	P	A	W	W	A	P				W	W						W	5	6		✓
	Vilakazi Cobolwakhe	2			W	W		A	P	A	P	W	W	P	A	A	P	P	W	W	P	A				W	W						W	6	5		✓
TOTAL NUMBER OF CHILDREN PRESENT								8	12	13	11			12	12	12	13	12			13	13															
TOTAL NUMBER OF CHILDREN ABSENT								7	3	2	4			3	3	3	2	3			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: _____