

Stand No 1122 Sandriver Trust  
 Hazyview, Mpumalanga  
 Tel: 066 238 2296 / 082 935 2502  
 Email: bethelprecreche@gmail.com  
 NPO No: 080-219 | EMIS No: 801000042



### SECTION 1: Learner Details

Full Name:	ngwenya meliod	Date of Birth:	22-01-2021
Age:	5	Gender:	Female
ID Number (if available):	210122 1448 061	Home Language:	Siswati
Current Class:		First Day of Attendance:	02-02-2021

### SECTION 2: Parent / Guardian Information

Parent/Guardian 1 - Full Name:	ngwenya nankhania	Relationship to Learner:	Mother
ID Number:	861123 0356 067	Occupation:	N/A
Phone Number:	016 814 5730	Alternative Contact:	079 9067 133
Email Address:		Residential Address:	Bongani
Parent/Guardian 2 - Full Name:		Relationship to Learner:	
ID Number:		Occupation:	
Phone Number:		Alternative Contact:	
Email Address:		Residential Address:	

### SECTION 3: Emergency & Medical Information

Emergency Contact Name:	ngwenya nankhania	Contact Number:	079 906 7133
Relationship to Learner:		Family Doctor:	
Doctor's Contact Number:		Medical Aid (Yes/No):	
Medical Aid Name:		Medical Aid Number:	
Allergies / Medical Conditions:			
Medication currently taken:			

### SECTION 4: Collection & Transport

Authorized Persons to Fetch Learner (Name & ID):	Mother
Transport Method (Parent/Transport/Walk):	walking
If using school transport, Route/Driver Name:	

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### SECTION 5: Consents

	Yes/No
I consent to medical treatment in case of emergency	Yes
I allow my child to appear in group photos for internal use	Yes
I confirm all information is true and correct	Yes
I have received and understood the crèche rules and policies	Yes

Parent/Guardian Signature: N. Mawanya Date: 2026 Admin Signature  
Admin Signature (Office Use): \_\_\_\_\_ Date: \_\_\_\_\_

### SECTION 6: Referral

How did you hear about Bethel Crèche?

- Referred by a parent or guardian
- Referred by a staff member
- Social media / Online
- Saw the signage or school
- Other: \_\_\_\_\_

If referred, please provide the FULL NAME of the person who told you about Bethel Crèche:

Maulume Treasura

What is your relationship to that person?

- Family
- Friend
- Crèche staff member
- Other: \_\_\_\_\_

Did this person personally help you register or bring you to the crèche?

- Yes
- No

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTICE OF PERSONAL PARTICULARS**

- 1 Any changes to the personal particulars in your ID Book must be communicated to all relevant parties

**NOTICE OF CHANGE OF ADDRESS**

- 1 Keep the NOTICE OF CHANGE OF ADDRESS form in this pocket to report a change of address or a change in particular of your present address e.g. name of street and/or street number etc
- 2 Hand in at or post to the nearest regional/district office of the DEPARTMENT OF HOME AFFAIRS

I.D. No. 861123 0356 087



S.A.CITIZEN

SURNAME  
**MGWENYA**

FORENAMES  
**NONHILANHILA**

COUNTRY OF BIRTH  
**SOUTH AFRICA**

DATE OF BIRTH  
**1986-11-23**

DATE ISSUED  
**2016-12-05**



ISSUED BY AUTHORITY OF  
THE DIRECTOR-GENERAL  
HOME AFFAIRS



home affairs

Department:  
Home Affairs  
REPUBLIC OF SOUTH AFRICA

G 7243549

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PARTICULARS FROM THE POPULATION REGISTER I.R.O.:

# BIRTH CERTIFICATE

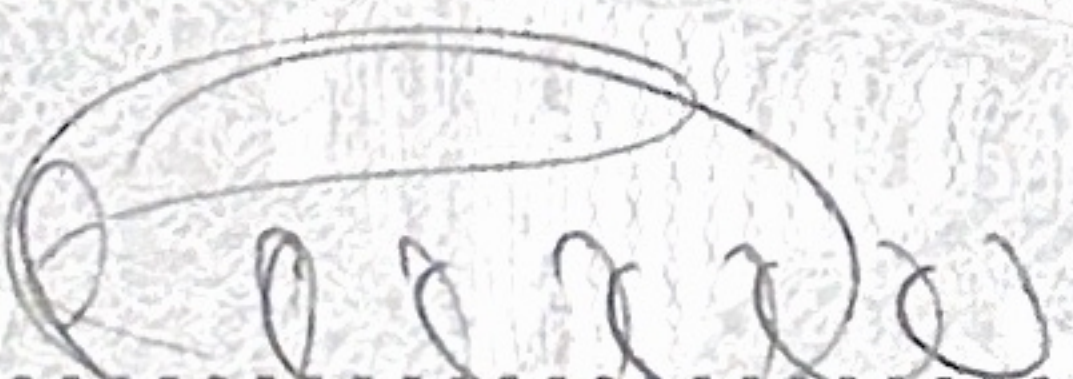
CHILD SURNAME: MGWENYA  
 FORENAMES: MELLOD WISH  
 IDENTITY NUMBER: 2101221448081

GENDER: FEMALE  
 DATE OF BIRTH: 2021-01-22  
 PLACE OF BIRTH: MATIKWANA  
 COUNTRY OF BIRTH: SOUTH AFRICA

MOTHER: ID NUM/TRAVEL DOC: 8611230356087  
 MAIDEN/SURNAME: MGWENYA  
 FORENAMES: NONHLANHLA  
 DATE OF BIRTH: 1986-11-23  
 PLACE OF BIRTH: SABIE  
 COUNTRY OF BIRTH: SOUTH AFRICA

FATHER: ID NUM/TRAVEL DOC: \_\_\_\_\_  
 SURNAME: \_\_\_\_\_  
 FORENAMES: \_\_\_\_\_  
 DATE OF BIRTH: \_\_\_\_\_  
 PLACE OF BIRTH: \_\_\_\_\_  
 COUNTRY OF BIRTH: \_\_\_\_\_

ENDORSEMENTS:  
 NONE

  
 DIRECTOR-GENERAL: HOME AFFAIRS

DEPARTMENT OF HOME AFFAIRS  
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