

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: | Muhiri Gabeni Shabangu | Date of Birth: | 10-07-2021 |
| Age: | 4 | Gender: | Female |
| ID Number (if available): | 2107100477 083 | Home Language: | Siswati |
| Current Class: | | First Day of Attendance: | |

SECTION 2: Parent / Guardian Information

| | | | |
|--------------------------------|-----------------------------------|--------------------------|-------------|
| Parent/Guardian 1 - Full Name: | Shabangu Constance | Relationship to Learner: | Mother |
| ID Number: | 851231 1012 088 | Occupation: | |
| Phone Number: | 076 501 3024 | Alternative Contact: | 067 44 0004 |
| Email Address: | www.constancepatricia99@gmail.com | Residential Address: | Majika |
| 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: | Nottie Shabangu | Contact Number: | 012 911 6061 |
| Relationship to Learner: | | Family Doctor: | |
| Doctor's Contact Number: | | Medical Aid (Yes/No): | |
| Medical Aid Name: | | Medical Aid Number: | |
| Allergies / Medical Conditions: | Tin Fish | | |
| Medication currently taken: | | | |

SECTION 4: Collection & Transport

| | |
|--|--------------|
| Authorized Persons to Fetch Learner (Name & ID): | Maume Smanga |
| Transport Method (Parent/Transport/Walk): | Transport |
| If using school transport, Route/Driver Name: | U |

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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: [Signature] Date: 19-01-26 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:

Delisile Masuku

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: _____

Clinic Visits

| Age | Date | Feeding advice p4 | Growth monitoring p9 | Development p23 | Head circumference p25 | Immunisation p27 | Vitamin A p28 | Deworming p28 | Oral Health p29 | TB screen p40 | Consider HIV p40 | Next date |
|--------------------|------------|-------------------|----------------------|-----------------|------------------------|------------------|---------------|---------------|-----------------|---------------|------------------|------------|
| 3 - 6 days | | | | | | | | | | | | |
| 6 weeks | 1/9/21 | | | | | | | | | | | 20/10/21 |
| 10 weeks | 27/10/21 | ✓ | ✓ | | | ✓ | | | | ✓ | ✓ | 24/11/21 |
| 14 weeks | 01.12.21 | ✓ | ✓ | | | | | | | ✓ | ✓ | 12.01.21 |
| 4 months | | | | | | | | | | ✓ | ✓ | |
| 5 months | | | | | | | | | | | | |
| 6 months | 19/01/22 | ✓ | ✓ | ✓ | | ✓ | ✓ | | | ✓ | ✓ | 19/02/22 |
| 7 months | | | | | | | | | | | | 11/4/22 |
| 8 months | | | | | | | | | | | | |
| 9 months | 11.04.2022 | ✓ | ✓ | ✓ | | ✓ | ✓ | | | ✓ | ✓ | 09-05-2022 |
| 10 months | 18.5.22 | ✓ | ✓ | ✓ | | ✓ | ✓ | | | ✓ | ✓ | 20.6.22 |
| 11 months | | | | | | | | | | | | |
| 12 months | 3/8/2022 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | 28/9/22 |
| 14 months | | | | | | | | | | | | |
| 16 months | 25/09/2022 | | | | | | | | | | | 20/01/2023 |
| 18 months | 12/01/2022 | | | | | | | | | | | 16/03/2023 |
| 20 months | | | | | | | | | | | | |
| 22 months | 2023/05/29 | ✓ | ✓ | | | | | | | ✓ | ✓ | 2023/7/11 |
| 2 years | 31/07/2023 | ✓ | ✓ | | | | ✓ | | ✓ | ✓ | ✓ | |
| 2 and a half years | 11/03/2024 | | ✓ | | | | ✓ | ✓ | | ✓ | ✓ | 10/09/24 |
| 3 years | 09/09/2024 | | ✓ | | | | ✓ | ✓ | | ✓ | ✓ | 10/01/2024 |
| 3 and a half years | | | | | | | | | | | | |
| 4 years | | | | | | | | | | | | |
| 4 and a half years | | | | | | | | | | | | |
| 5 years | | | | | | | | | | | | |
| 6 years | | | | | | | | | | | | |
| 12 years | | | | | | | | | | | | |

tick once done

Not in schedule

home affairs

Department
Home Affairs
REPUBLIC OF SOUTH AFRICA

PARTICULARS FROM THE POPULATION REGISTER (A)

BIRTH CERTIFICATE

FIELD ID NUMBER: 2107100477083
SURNAME: SHABANGU
PRENAMES: MHLURI GABENI

SEX: FEMALE DATE OF BIRTH: 2021-07-10
PLACE OF BIRTH: TZANEEN
COUNTRY OF BIRTH: SOUTH AFRICA

OTHER: ID NUM/TRAVEL DOC: 8512311612088

FATHER'S IDEN/SURNAME: SHABANGU
PRENAMES: CONSTANCE PATRICIA

DATE OF BIRTH: 1985-12-31
PLACE OF BIRTH: KABOKWENI
COUNTRY OF BIRTH: SOUTH AFRICA

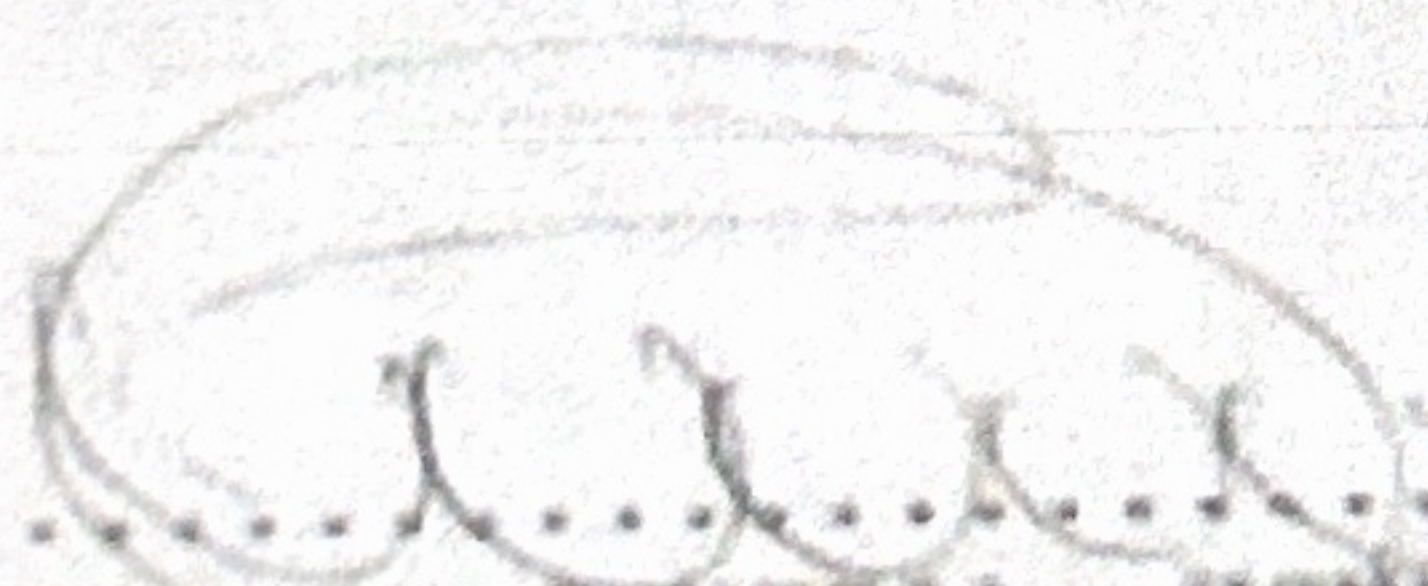
OTHER: ID NUM/TRAVEL DOC:

MOTHER'S SURNAME: _____
PRENAMES: _____

DATE OF BIRTH: _____
PLACE OF BIRTH: _____
COUNTRY OF BIRTH: _____

ENDORSEMENTS:
NONE

| | |
|----------------------------|--|
| DEPARTMENT OF HOME AFFAIRS | |
| PRIVATE AND CONFIDENTIAL | |
| HAZYVIEW 124 | |
| 2021-07-10 | |
| HAZYVIEW | |


DIRECTOR-GENERAL: HOME AFFAIRS

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