

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:	Elami Mlombo	Date of Birth:	2022-10-04
Age:	03	Gender:	Female
ID Number (if available):	2210040543087	Home Language:	Swazi
Current Class:		First Day of Attendance:	

SECTION 2: Parent / Guardian Information

Parent/Guardian 1 - Full Name:	Sanick Ndhlouu	Relationship to Learner:	Mother
ID Number:	8002080377086	Occupation:	
Phone Number:	0724827336	Alternative Contact:	
Email Address:		Residential Address:	
Parent/Guardian 2 - Full Name:	David Mlombo	Relationship to Learner:	Father
ID Number:	6505305305080	Occupation:	
Phone Number:	0724016766	Alternative Contact:	
Email Address:		Residential Address:	

SECTION 3: Emergency & Medical Information

Emergency Contact Name:		Contact Number:	
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):	
Transport Method (Parent/Transport/Walk):	
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: *[Signature]* Date: 14/01/26 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: _____

GEREGISTREERDE WOON- EN POSADRES

1. Bewaar die bewys van u GEREGISTREERDE WOON- EN POSADRES in hierdie sakkie.

2. Indien u van adres verander het, of indien besonderhede van u huidige adres, bv. straatnaam en/of -nommer, ens. verander het, moet die vorm KENNISGEWING VAN ADRESVERANDERING, wat in die sakkie agter in die identiteitsdokument is, gebruik word om die verandering aan te meld en moet dit ingedien word by of gepos word aan die naaste streek-/distrikkantoor van die DEPARTEMENT VAN BINNELANDSE SAKE.

REGISTERED RESIDENTIAL AND POSTAL ADDRESS

1. Keep the proof of your REGISTERED RESIDENTIAL AND POSTAL ADDRESS in this pocket.

2. If you have changed your address, or if particulars of your present address, e.g. name of street and/or street number, etc., have been changed, the NOTICE OF CHANGE OF ADDRESS form in the pocket at the back of the identity document must be used to report the change and it must be handed in at or posted to the nearest regional/district office of the DEPARTMENT OF HOME AFFAIRS.

1

I.D.No. 800208 0377 08 6



S.A.BURGER/S.A.CITIZEN

VAN/SURNAME

NDHLOVU



VOORNAME/FORENAMES

SANICK BRANDY

GEBOORTEDISTRIK OF-LAND/
DISTRICT OR COUNTRY OF BIRTH

SOUTH AFRICA



GEBOORTEDATUM/
DATE OF BIRTH

1980-02-08



DATUM UITGEREIK
DATE ISSUED

1996-03-01

UITGEREIK OP GESAG VAN DIE
DIREKTEUR-GENERAAL:
BINNELANDSE SAKE

ISSUED BY AUTHORITY OF THE
DIRECTOR-GENERAL:
HOME AFFAIRS



home affairs

Department:
Home Affairs
REPUBLIC OF SOUTH AFRICA

H 3642342

83/DHA - 5

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

BIRTH CERTIFICATE

CHILD IDENTITY NUMBER: 2210040543087
 SURNAME: MLOMBO
 FORENAMES: ELAMI ALISHA

GENDER: FEMALE DATE OF BIRTH: 2022-10-04
 PLACE OF BIRTH: SABIE
 COUNTRY OF BIRTH: SOUTH AFRICA

MOTHER: IDENTITY NUMBER : 8002080377086

MAIDEN/SURNAME: NDHLOVU
 FORENAMES: SANICK BRANDY

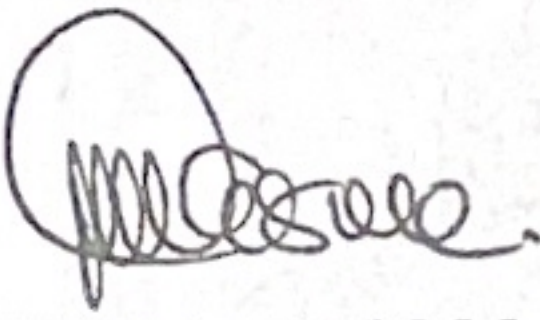
DATE OF BIRTH: 1980-02-08
 PLACE OF BIRTH: WHITE RIVER
 COUNTRY OF BIRTH: SOUTH AFRICA

FATHER: IDENTITY NUMBER : 6505305305080

SURNAME: MLOMBO
 FORENAMES: DAVID SAYIWANE

DATE OF BIRTH: 1965-05-30
 PLACE OF BIRTH: SABIE
 COUNTRY OF BIRTH: SOUTH AFRICA

ENDORSEMENTS:
 NONE

pp. 
 DIRECTOR-GENERAL: HOME AFFAIRS

DEPARTMENT OF HOME AFFAIRS
PRIVATISEREN 150 LYDENBURG 1123
2022-10-07
SMALL OFFICE
OFFICIAL DATE STAMP

DATE PRINTED: 20221007

ISSUED BY: YMN207



This book is provided at birth by staff at the health facility. If birth takes place at home this book must be given the first time a health worker sees the baby.

This book is **FREE** to ALL BABIES in both public and private health care. It must be replaced for free if lost or damaged.

This book belongs to:

MPUMALANGA DEPARTMENT OF HEALTH
 SABIE HOSPITAL
 ADMISSIONS
 05 OCT 2022
 PRIVATE BAG X515, SABIE 1260
 LTIKO LETEMPHILO

Place a picture of your child here

CHILD'S NAME:	Eleni																			
CHILD'S SURNAME:	MLOMBO																			
DATE OF BIRTH:				2	0	2														
CHILD'S ID NUMBER:																				
BIRTH WEIGHT:	3,235g																			
MOTHER'S NAME:	Savick Brady																			
MOTHER'S CONTACT DETAILS:	Ndlovu																			
MOTHER'S CONTACT DETAILS:	072 842 7336																			
FATHER'S NAME:																				
FATHER'S CONTACT DETAILS:																				

Side-by-Side
 on the road to health

3550122

1216/22 Emshwe
 10190 "

This book is for you and your child's health worker. It gives you advice on how to raise a happy, healthy child. It is also a record of your child's growth and development, and is used by health workers to make sure that every child gets the care that they need at the right time.

Contents

Nutrition	4
Love	22
Protection	26
Health care	30
Extra care	40

For your child to grow and develop best he/she needs:

- 1 Good nutrition
- 2 Lots of love, playing and talking
- 3 Protection from disease and injury
- 4 Health care when they are sick or injured
- 5 Extra care and support if and when they need it

Read this book from cover to cover to learn how you can help your child grow and develop. Please keep this book in a safe place and take it with you every time that your child visits a clinic, hospital, doctor or other health facility.

For health workers ...

- Make sure that every child has a Road to Health book.
- If they do not have one make sure they are given one.
- Always ask for the Road to Health booklet and encourage parents and caregivers to bring it with them every time they visit the clinic, doctor, hospital or any health facility.
- Complete all relevant sections of the booklet at each visit.
- Talk to caregivers about what you are doing and encourage them to ask questions and share any concerns.
- All mothers should be introduced to the booklet during antenatal care.

These are words that you may find difficult to understand. The meaning of these words are explained at the back of the book.



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	07.10.22	✓	✓							✓	✓	15-11-2022
6 weeks	15/11/22	✓	✓							✓	✓	12/12/2022
10 weeks	13/12/22	✓	✓							✓	✓	10/01/2023
14 weeks	10/1/23	✓	✓	✓	✓	✓				✓	✓	4/1/2023
4 months												
5 months												
6 months	4/4/23	✓	✓	✓	✓	✓				✓	✓	4/7/23
7 months												
8 months												
9 months	4/7/23	✓	✓	✓	✓	✓				✓	✓	4/10/23
10 months												
11 months												
12 months	4/10/2023	✓	✓	✓	✓	✓				✓	✓	29/11/23
14 months	29/11/2023	✓	✓	✓	✓	✓				✓	✓	10/01/24
16 months	10/1/2024	✓	✓	✓	✓	✓				✓	✓	20/03/24
18 months	20-03-2024	✓	✓	✓	✓	✓				✓	✓	5/4/24
20 months	05/04/2021	✓	✓	✓	✓	✓				✓	✓	04/06/24
22 months	5/6/24	✓	✓	✓	✓	✓				✓	✓	5/8/24
2 years	7/10/24	✓	✓	✓	✓	✓				✓	✓	4/14/2025
2 and a half years	4/4/25	✓	✓	✓	✓	✓				✓	✓	8/10/25
3 years	06.10.25	✓	✓	✓	✓	✓				✓	✓	14.4.26
3 and a half years												
4 years												
4 and a half years												
5 years												
6 years												
12 years												

tick once done

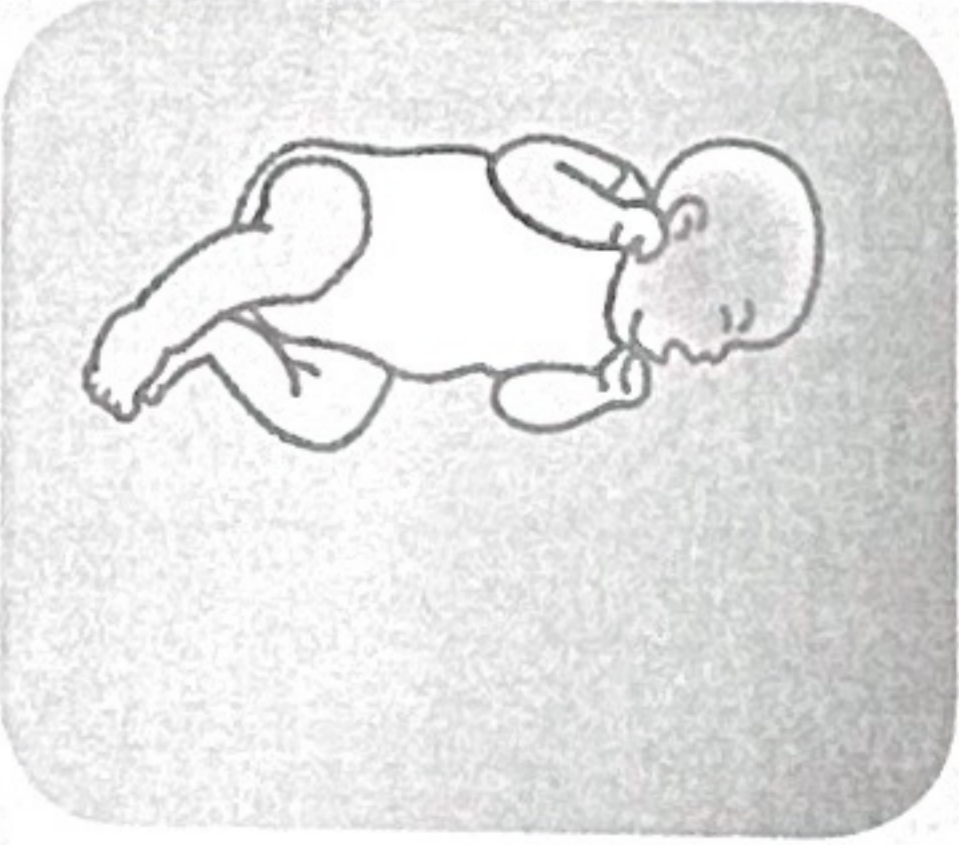
Not in schedule

Danger signs!

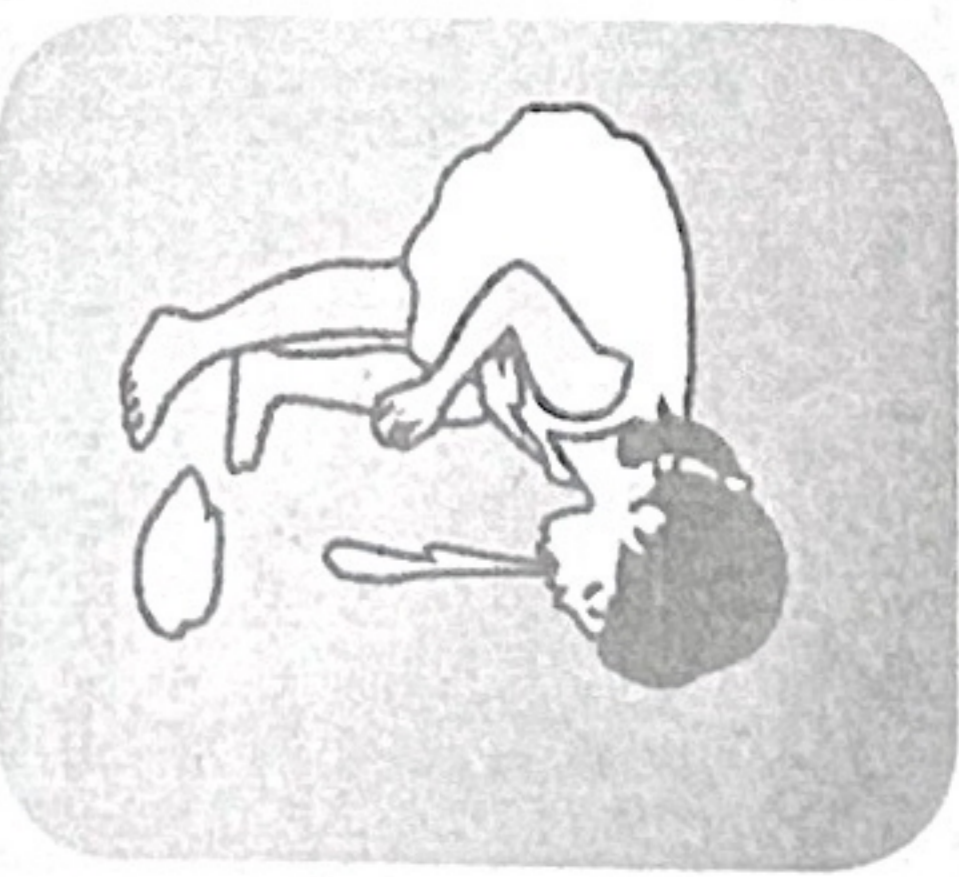
Take your child to the nearest clinic if you see any of the following.



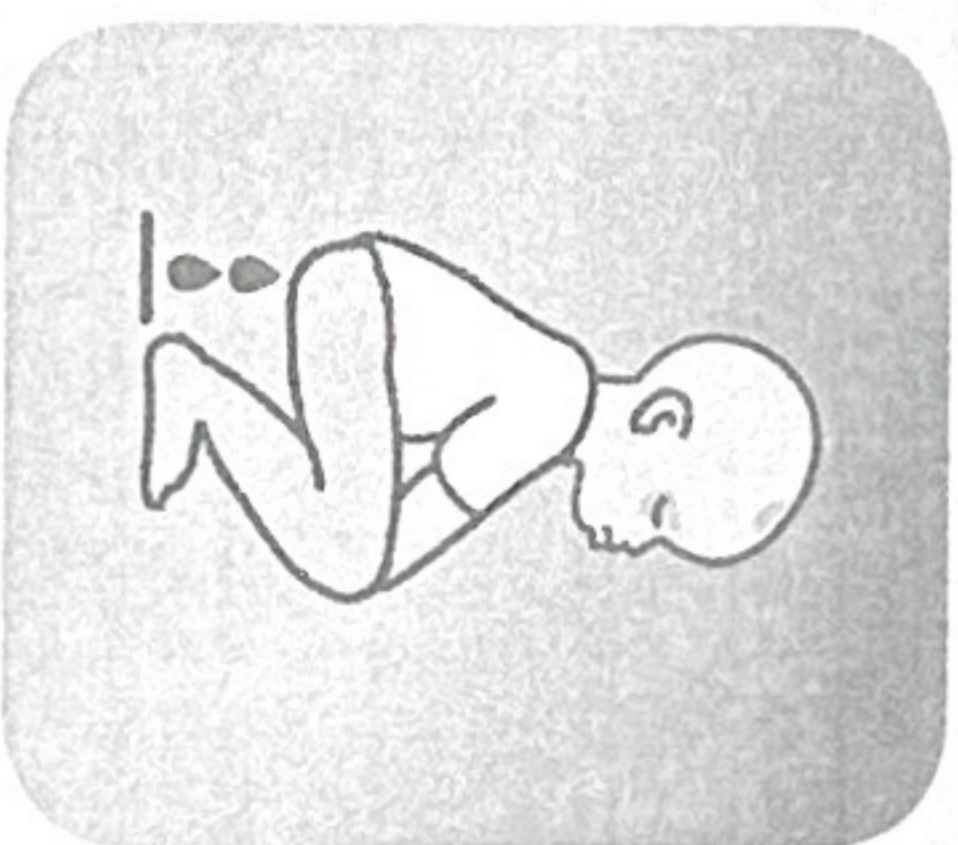
Child is coughing and breathing fast (more than 50 breaths per minute)



Child under 2 months old has a fever and is not feeding



Child is vomiting everything



Child has diarrhoea (✓) sunken eyes, and a sunken fontanelle



Child is shaking (convulsions) (✓)



Child has signs of malnutrition (✓) (swollen ankles and feet)



Child is not moving or does not wake up



Child is unable to breastfeed