

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:	WILIAM NYIKO	Date of Birth:	2023/01/12
Age:	3 YEARS	Gender:	MALE
ID Number (if available):	2023/01/12	Home Language:	TSONGA
Current Class:		First Day of Attendance:	19/01/2026

SECTION 2: Parent / Guardian Information

Parent/Guardian 1 - Full Name:	DANIEL NJOBE	Relationship to Learner:	
ID Number:	8705066101086	Occupation:	
Phone Number:	0795523316	Alternative Contact:	0791897376
Email Address:	-	Residential Address:	
Parent/Guardian 2 - Full Name:	SEARCH DANIEL	Relationship to Learner:	
ID Number:	8705066101086	Occupation:	
Phone Number:	0795523316	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):	DANIEL
Transport Method (Parent/Transport/Walk):	PARENT
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: S. DINGO

Date: 16/01/26

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:

Bila Sizi

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: S. DINGO

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. 870506 6101 085



S.A. CITIZEN

SURNAME
NGOBE

FORENAMES
SEARCH DANIEL

COUNTRY OF BIRTH
SCUTH AFRICA

DATE OF BIRTH
1987-05-06



DATE ISSUED
2011-03-03

ISSUED BY AUTHORITY OF
THE DIRECTOR-GENERAL
HOME AFFAIRS

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:

DEPARTMENT OF HEALTH
 Private Bag K 9305, Bushbuckridge 1210
 13-01-2023
 Maputeng Hospital
 ADMISSION
 Tel: 013 799 0214 Fax: 013 799 0217

CHILD'S NAME:	WILLIAM NYIKO										
CHILD'S SURNAME:	NGOBE										
DATE OF BIRTH:	13-01-2023										
CHILD'S ID NUMBER:	2023-NDM-11										
BIRTH WEIGHT:	3500g					GESTATIONAL AGE:	Term				
MOTHER'S NAME:	Mikotso Ubi					FATHER'S NAME:	SEARCH DANIEL NGOBE				
MOTHER'S CONTACT DETAILS:	0791897376					FATHER'S CONTACT DETAILS:	0795523316				

This book
 It gives you
 child. It is
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 - 4 Health
 - 5 Extra c

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