

**SUBSIDISATION OF CRECHES**

Note: This form needs to be completed **every quarter** and must be submitted to the Department on or before the 7<sup>th</sup> working day of the next month.

**1. Particulars of facility**

Name of crèche / day care centre

Test # Updated

Reference number

(used in correspondence by the Department)

15/5/13/2/3 C .....

Physical Address

**2. Particulars of the  
personnel/staff**

**Capacity**

**Name and Surname**

**Identity Number**

**Level of ECD  
qualification**

Principle - true Practitioner - true Cook - true Other - true

Dirk Test Manuel

22536364624

No Level


**3. Certification:**

I/we declare hereby the following

- That the facility is still functioning in accordance with the departmental financing conditions
- That the management committee as indicated has been elected and is functioning in accordance with the constitution of the facility
- That, in terms of section 38 (1) (a) (i) of the Public Management Act, 1999, effective, efficient and transparent systems of financial and risk management and internal control have been implemented and are maintained

.....

Chairperson/ Voorsitter Date/Datum

<div><div>Western Cape Government</div></div> <div>Particulars of child Please list names in alphabetical order</div>					Number of Days Attended		
	Surname	First name	Date of Birth	Identity number	October	November	December

<div><div>Western Cape Government</div><div>PARTICULARS OF CHILD(REN) WHO LEFT THE FACILITY / BESONDERHEDE VAN KIND(ERS) WIE FASILITEIT VERLAAT HET</div></div>						
Nr/ No	Name of child registered Naam van kind geregistreer	Surname of child registered Van van kind geregistreer	Date of Birth Geboortedatum	Identity number Identiteitsnommer	Combined income Gesamentlike inkomste	Remarks / Kommentaar

