**Class Roster**



Instructor City & State

Year

FOR OFFICE USE ONLY

Learner List Reliability

**Program:** KEYS PCI

Daytime Phone E-mail Address

Feeding Class Dates Redo date

Teaching Class Dates Redo date

**NOTE TO INSTRUCTOR**: **Please complete and return this form to NCAST following the FIRST class.** Print or type learner name EXACTLY as it is to appear on their certificate. Please send the **completed** roster to: NCAST Programs, University of Washington, Box 357920, Seattle, WA 98195-7920.

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| **LEARNER NAME** | (Please print clearly) | | **ADDRESS & EMAIL** | FOR OFFICE USE ONLY | | |
| Feeding | Teaching | Certificate or Letter Sent |
| **Profession/Job Title:**  I am taking: (circle)  Feeding only Teaching only | Both |  | |  |  |  |
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