



# NCAST PCI Class Roster

Year \_\_\_\_\_

FOR OFFICE USE ONLY			
Learner List	_____	_____	_____
Reliability	_____	_____	_____

Instructor \_\_\_\_\_

City & State \_\_\_\_\_

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 PCRCP following the **FIRST** class. Print or type learner name EXACTLY as it is to appear on their certificate. Please send the **completed** roster to: Parent Child Relationship Programs, University of Washington, Box 357920, Seattle, WA 98195-7920.

LEARNER NAME (Please print clearly)	MAILING ADDRESS & EMAIL	FOR OFFICE USE ONLY		
		Feeding	Teaching	Certificate or Letter Sent
<b>Profession/Job Title:</b>  I am taking: <input type="checkbox"/> Feeding only <input type="checkbox"/> Teaching only <input type="checkbox"/> Both				
<b>Profession/Job Title:</b>  I am taking: <input type="checkbox"/> Feeding only <input type="checkbox"/> Teaching only <input type="checkbox"/> Both				
<b>Profession/Job Title:</b>  I am taking: Q&A & D <input type="checkbox"/> Feeding only <input type="checkbox"/> Teaching only <input type="checkbox"/> Both				
<b>Profession/Job Title:</b>  I am taking: (Q&A)				
<b>Profession/Job Title:</b>  I am taking: Q&A & D <input type="checkbox"/> Feeding only <input type="checkbox"/> Teaching only <input type="checkbox"/> Both				
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