



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 PCRPP 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
Profession/Job Title: I am taking: <input type="checkbox"/> Feeding only <input type="checkbox"/> Teaching only <input type="checkbox"/> Both				
Profession/Job Title: I am taking: <input type="checkbox"/> Feeding only <input type="checkbox"/> Teaching only <input type="checkbox"/> Both				
Profession/Job Title: I am taking: Q&A & D <input type="checkbox"/> Feeding only <input type="checkbox"/> Teaching only <input type="checkbox"/> Both				
Profession/Job Title: I am taking: (Q&A)) <input type="checkbox"/> Feeding only <input type="checkbox"/> Teaching only <input type="checkbox"/> Both				
Profession/Job Title: I am taking: Q&A & D <input type="checkbox"/> Feeding only <input type="checkbox"/> Teaching only <input type="checkbox"/> Both				
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