ncast programs **Class Roster**

_____
Year

Instructor_____

City & State_____

Daytime Phone_____

E-mail Address_____

Program: KEYS_____ PCI _____

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.

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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10/09