



SEMINOLE VPK CLASS ROSTER

Use ONE Roster per Classroom

NAME OF CENTER _____
 ADDRESS _____
 CITY & ZIP _____ TELEPHONE _____

Please indicate Class Identifier from AWI Form 11A
 Classroom _____ VPK Year _____ Fall _____ Summer _____

CHILD'S NAME	CERTIFICATE #	EFFECTIVE START DATE	PILOT CONFIRMATION #
1.			
2.			
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20.			

Provider Signature _____ Date _____