



SEMINOLE VPK CLASS ROSTER

Use ONE Roster per Classroom

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

Please indicate Class Identifier (ie. A, B, C, etc) from AWI Form #11:

Classroom _____ (use a separate sheet for each class)

VPK Year: _____ Fall _____ Winter _____ Summer _____

| CHILD'S NAME | CERTIFICATE # | <u>Effective Start Date of Child</u> |
|-----------------------------------|---------------|--------------------------------------|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
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| 6. | | |
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| 9. | | |
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| 11. | | |
| 12. | | |
| 13. | | |
| 14. | | |
| 15. | | |
| 16. | | |
| 17. | | |
| 18. | | |
| COMPLETED BY: Signature: _____ | | <u>Date:</u> _____ |