

**Important Instructions.**

**1: PRINT VERY CLEARLY (very Important).**

**2: Make sure you include all Names.**

**3: DOUBLE Check Spelling.**

**4: Include child's and staff's full name**

**From left to right**

Have a Question?  
Offi : (02) 6619 1574  
Mob: 0414 311819

Email: info@ncpics.com.au

Checked Signature of  
Staff.

ROOM NAME: _____ Day _____ SCHOOL _____												
BACK ROW L to R				THIRD ROW L to R				CENTRE ROW L to R				FRONT ROW L to R
1				1				1				1
2				2				2				2
3				3				3				3
4				4				4				4
5				5				5				5
6				6				6				6
7				7				7				7
8				8				8				8
9				9				9				9
10				10				10				10
11				11				11				11
12				12				12				12
13				13				13				13