



TECTA Orientation Enrollment Form

Center of Excellence for Learning Sciences ♦ Tennessee State University

Select the TECTA Orientation you would like to attend:

92079 Center Based (R)
Lightbridge Academy, Section 01, Sumner

92078 Infant/Toddler
Lightbridge Academy, Section 01, Sumner

Please complete this form and email it to: ugordon@tnstate.edu

You may also fax your completed form to: (615) 277-1670.

If you have not received a response within 48 hours, you may reach us to verify that your fax has been received by calling (615) 277-1666.

Failure to complete all information on this form will result in your application not being processed.

Name: Last _____ First _____ Middle _____

Social Security Number ____ - ____ - ____ Gender Male Female

E-mail _____ Date of Birth _____

Citizenship: United States Other

Ethnicity: Hispanic Non -Hispanic

Race: Asian/Pacific Islander Black Native American Indian/Alaska Native Other
 Two or more races White

Home Address _____

City _____ State _____ Zip _____

Home County _____ Home Phone (____) _____ Mobile Phone (____) _____

Emergency Contact Person _____ Phone (____) _____

Your Place of Employment _____ County of Employment _____

Work Address _____

City _____ State _____ Zip _____

Name of Director: _____ Phone (____) _____ Fax (____) _____

Director's E-mail _____

Agency Type: Center Dept. of Education Home Visitor Family
 Group Home High School Higher Education Registered Authorized

I understand that I am enrolling in a 30-hour class and will be responsible for completing the training. I understand that it is my responsibility to let the TECTA office know if I choose to not attend the class. I further acknowledge that I am willing to participate in a professional manner. If at any time my behavior is inappropriate, the trainer has the right to ask me to leave and I will not receive credit for that module. I understand each Orientation is designed for a specific age group and I am enrolling in the Orientation that will meet the needs of the children in my care.

Signature _____ Date _____

NOTICE: If you have changed your name and/or address since you last enrolled in a TECTA-sponsored course, please fill out a TECTA Student Change of Information Form and return it as soon as possible to your local TECTA site.

