



TECTA Orientation Enrollment Form

Center Of Excellence for Learning Sciences

Fall-1 2021

Complete this form, save a copy, and email it to:
Miranda Wilson
mwilson@tnstate.edu

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

- | | | |
|-------------------------|---|--------------------------|
| 91712 Administrator | Tennessee State University, Section 01H, Davidson | <input type="checkbox"/> |
| 91716 Center Based (R) | Tennessee State University, Section 01V, Davidson | <input type="checkbox"/> |
| 91713 Family Child Care | Tennessee State University - Online, Section 01, Davidson | <input type="checkbox"/> |
| 91715 Infant/Toddler | Tennessee State University, Section 01V, Davidson | <input type="checkbox"/> |
| 91714 School-Age Online | Tennessee State University - Online, Section 01, Davidson | <input type="checkbox"/> |

Name: Last _____ First _____ Middle _____

Social Security Number ____ - ____ - ____ Gender Male Female

Citizenship: United States Other E-mail _____ Date Birth ____/____/____

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 (____) _____ Cell Phone (____) _____

Emergency Contact Person _____ Phone (____) _____

Your Place of Employment _____ County where you Work _____

Work Address _____

City _____ State _____ Zip _____

Name of Director: Last _____ First _____

Phone (____) _____ Fax (____) _____ E-mail _____

Agency Type Center Dept of Education Home Visitor Family Group Home
 High School Higher Education Registered Unregulated

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 I currently work with.

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.



Revised 12/02/2016

The TECTA program is funded through a contract with the Tennessee Department of Human Services and Tennessee State University, Center of Excellence for Learning Sciences.

