



# TECTA Orientation Enrollment Form

Center Of Excellence for Learning Sciences

Fall-2 2022

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

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

You may also fax in your completed form to (615) 277-1670. You may reach us to verify that your fax has been received by calling (615) 277-1697 if you have not received a response within 48 business hours.

- |                         |   |                          |
|-------------------------|---|--------------------------|
| 91905 Administrator     | Tennessee State University, Section 01H, Davidson         | <input type="checkbox"/> |
| 91895 Center Based (R)  | TSU:Avon Williams Campus, Section 01, Davidson            | <input type="checkbox"/> |
| 91902 Family Child Care | Tennessee State University - Online, Section 01, Davidson | <input type="checkbox"/> |
| 91901 Infant/Toddler    | Tennessee State University, Section 01V, Davidson         | <input type="checkbox"/> |
| 91906 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.**



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.



Revised 12/02/2016

