



# TECTA Orientation Enrollment Form

Center of Excellence for Learning Sciences ♦ Tennessee State University

Select **ONE (1)** TECTA Orientation you would like to attend for the **Fall II** semester:

- 92121 Center Based (R) Tennessee State University, Section 01H, Davidson
- 92122 Infant/Toddler TSU:Avon Williams Campus, Section 01, Davidson
- 92129 School-Age Online Tennessee State University - Online, Section 01, Davidson
- 92131 School-Age Online Tennessee State University - Online, Section 02, Davidson

**Please complete this form and email it to: [tectaorientation@tnstate.edu](mailto:tectaorientation@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.**

