



**Tennessee Early Childhood Training Alliance (TECTA)**  
**Orientation Enrollment Request Semester: Spring 2010**

**Complete this form fax to:**  
**Please follow Fax by mailing in a hard copy to:**  
 Jenny Muckenthaler or Charlotte Hubert  
**Chattanooga State Community College TECTA**  
 7158 Lee Highway  
 Chattanooga, TN 37421

Fax: 423-697-3208  
 Phone: 423-697-2699  
 Phone: 423-697-2695

Office Use Only
___ Student Table
___ Enrolled in class
___ Work History

PLEASE CHECK ONE:

<b>Administrator's</b> (Directors and Assistant Directors)	<input type="checkbox"/> Cleveland State, <b>Bradley</b>
	<input type="checkbox"/> Highland Plaza UMC, <b>Hamilton</b>
<b>Center-Based</b> (ages 3-5)	<input type="checkbox"/> Silverdale Baptist Academy, <b>Hamilton</b>
	<input type="checkbox"/> Cleveland State (Athens Site), <b>McMinn</b>
<b>Family</b>	<input type="checkbox"/> Cleveland Family YMCA, <b>Bradley</b>
<b>Infant/Toddler</b> (6wks -36mths)	<input type="checkbox"/> Abba's House Central Baptist, <b>Hamilton</b>
	<input type="checkbox"/> Cleveland State, <b>Bradley</b>

PLEASE PRINT CLEARLY      **Student ID** (Social Security Number) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Name:** Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

**Gender:**  Male  Female      **Citizenship:**  United States  Other      **Ethnicity:**  Hispanic  Non -Hispanic

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

**E-mail** \_\_\_\_\_      **DOB** \_\_\_\_/\_\_\_\_/\_\_\_\_  
**Address** \_\_\_\_\_      **City** \_\_\_\_\_      **State** \_\_\_\_\_      **Zip** \_\_\_\_\_

**Home County** \_\_\_\_\_      **Home Phone** (\_\_\_\_) \_\_\_\_\_      **Fax** (\_\_\_\_) \_\_\_\_\_

**Emergency Contact Person** \_\_\_\_\_      **Phone** (\_\_\_\_) \_\_\_\_\_

<b>Your Place of Employment</b> _____	<b>Work County</b> _____
<b>Work Address</b> _____	<b>City</b> _____ <b>State</b> _____ <b>Zip</b> _____
<b>Name of Director:</b> Last _____	First _____
<b>Phone</b> (____) _____	<b>Fax</b> (____) _____ <b>E-mail</b> _____

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 Change of Name/Address form and return it as soon as possible to the local TECTA site.

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