



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

*Complete this form, fax or mail to:*  
**Dyersburg State Community College TECTA**  
 2071 Hwy 45 By-Pass  
 Trenton, TN 38382  
**Phone: 731-855-9198      Fax: 731-855-4865      Website: www.tecta.info**

Office Use Only
____ Student Info
____ Enrolled in class
____ Work History

PLEASE CHECK ONE:

Administrator	<input type="checkbox"/>	Jackson, Madison County (begins September 9 <sup>th</sup> )	
Center based (ages 3-5)	<input type="checkbox"/>	Brownsville, Haywood County (begins September 9 <sup>th</sup> )	<input type="checkbox"/> Martin, Weakley County (begins July 20 <sup>th</sup> )
Family	<input type="checkbox"/>	Covington, Tipton County (begins August 7 <sup>th</sup> )	
Infant Toddler (6wks -36mths)	<input type="checkbox"/>	Trenton, Gibson County (begins August 3 <sup>rd</sup> )	<input type="checkbox"/> Savannah, Hardin County (begins Sept 7 <sup>th</sup> )
School Age (ages 6-12)	<input type="checkbox"/>	Dyersburg, Dyer County (begins November 1 <sup>st</sup> )	

**PLEASE PRINT CLEARLY**

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

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Gender:  Male  Female

Citizenship:  United States  Other E-mail \_\_\_\_\_

DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Ethnicity:  Hispanic  Non -Hispanic

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

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

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

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

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.

**"This project is funded through a contract with the Tennessee Department of Human Services and Tennessee State University, Center of Excellence for Learning Sciences."**