



Tennessee Early Childhood Training Alliance (TECTA)

Orientation Enrollment Request

Fall 2010

Complete this form and fax, followed by mailing hard copy to:

East Tennessee State University
PO Box 70434
Johnson City, TN. 37614

Phone: (423) 439-7581

Fax: (423) 439-7703

Administrator	Carson-Newman College, Jefferson	<input type="checkbox"/>
Administrator	Greeneville/Greene County Center for Technology, Greene	<input type="checkbox"/>
Center Based (R)	WSC: Sevier Campus, Sevier	<input type="checkbox"/>
Center Based (R)	Greeneville/Greene County Center for Technology, Greene	<input type="checkbox"/>
Center Based (R)	Grandview Christian Church, Washington	<input type="checkbox"/>
Family Child Care	WSC: Claiborne Campus, Claiborne	<input type="checkbox"/>
Infant/Toddler	Carson-Newman College, Jefferson	<input type="checkbox"/>
Infant/Toddler	Central Christian Church, Washington	<input type="checkbox"/>
School-Age	ETSU: Main Campus, Washington	<input type="checkbox"/>

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."

TSU-TECTA
Center of Excellence for Learning Sciences
Tennessee State University