



# Tennessee Early Childhood Training Alliance (TECTA)

## Orientation Enrollment Request Semester: Spring 2010

Complete this form, fax and mail a hard copy to:

Roane State Community College TECTA

Attn: Heather Taylor or Saundra Stiles

701 Briarcliff Ave.

Oak Ridge, TN 37830

Phone: 865-481-2034

Fax: 865-481-2029

Office Use Only

\_\_\_\_ Student Table

\_\_\_\_ Enrolled in class

\_\_\_\_ Work History

**Please Check ONE Class:**

(3 employees per site, per class)

<b>Administrator</b>	<input type="checkbox"/> Roane State – Oak Ridge Campus <input type="checkbox"/> Roane State – Knox Co. Campus	Jan. 16, 23, 30, Feb. 6, and 13; 9:00 – 3:30 pm <i>(Register by Dec. 16th)</i> March 6, 13, 20, April 10, and 17; 9:00 – 3:30 pm <i>(Register by Feb. 19th)</i>
<b>Center Based</b> (ages 3–5)	<input type="checkbox"/> Roane State – Oak Ridge Campus <input type="checkbox"/> Roane State – Knox Co. Campus <input type="checkbox"/> Roane State – Campbell Co. Campus	Jan. 16, 23, 30, Feb. 6, and 13; 9:00 – 3:30 pm <i>(Register by Dec. 16th)</i> March 6, 13, 20, April 10, and 17; 9:00 – 3:30 pm <i>(Register by Feb. 19th)</i> May 1, 8, 15, 22, and 29; 9:00–3:30pm <i>(Register by April 21st)</i>
<b>Infant Toddler</b> (6 wks–36 mths)	<input type="checkbox"/> Roane State – Oak Ridge Campus <input type="checkbox"/> Roane State – Knox Co. Campus <input type="checkbox"/> Roane State – Campbell Co. Campus	Jan. 16, 23, 30, Feb. 6, and 13; 9:00 – 3:30 pm <i>(Register by Dec. 16th)</i> March 6, 13, 20, April 10, and 17; 9:00 – 3:30 pm <i>(Register by Feb. 19th)</i> May 1, 8, 15, 22, and 29; 9:00–3:30pm <i>(Register by April 21st)</i>
<b>School Age</b>	<input type="checkbox"/> Roane State – Knox Co. Campus	March 6, 13, 20, April 10, and 17; 9:00 – 3:30 pm <i>(Register by Feb. 19th)</i>
<b>Family</b>	<b>Knox County—Location TBA</b>	<b>May—exact dates TBA</b>

**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 (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

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.”**