

# TECTA Orientation Enrollment Form

Center Of Excellence for Learning Sciences

Fall 2018

Complete this form and mail or fax to:

Roane State Community College  
 TECTA  
 701 Briarcliff Ave.  
 Oak Ridge, TN. 37830

Phone: (865) 481-2034  
 Fax: (865) 481-2029

Failure to complete all information on this form will result in your application not being processed.

- 91372 Administrator
- 91371 Center Based (R)
- 91374 Center Based (R)
- 91373 Infant/Toddler
- 91370 School-Age Online

- RSCC: Oak Ridge Campus, Section Hybrid, Anderson
- RSCC: Knox County, Section 01, Knox
- PSTCC: Blount Campus, Section 02, Blount
- RSCC: Loudon Cty Center, Section 01, Loudon
- Online Orientation - RSCC, Section 01, Anderson

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

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

Citizenship:  United States  Other E-mail \_\_\_\_\_ Date Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

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 (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

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

Your Place of Employment \_\_\_\_\_ County where you Work \_\_\_\_\_

Work Address \_\_\_\_\_

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

Name of Director: Last. \_\_\_\_\_ First \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

- Agency Type  Center  Dept of Education  Home Visitor  Family  Group Home  
 High School  Higher Education  Registered  Unregulated

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 TECTA Student Change of Information Form and return it as soon as possible to your local TECTA site.**