

## TECTA Orientation Enrollment Form Center Of Excellence for Learning Sciences

## Fall-2 2022

9 9			rax: (931) 3/2-03	Phone: (931) 372-6561 Fax: (931) 372-6562		Failure to complete all information this form will result in y application not being processed.		
9	91847 Administrator 91844 Center Based (R) 91846 Family Child Care 91845 Infant/Toddler			TTU: Main Campus, Section 01V, Putnam  TTU: Main Campus, Section 01V, Putnam  TTU: Main Campus, Section 01V, Putnam  New Life United Pentecostal Church, Section 01H, Dekalb				
Name: Last _			First		Mi	iddle		
Social Securit	y Number		Gender	□ Ma	ale 🗆 Fe	male		
Citizenship:	□ United State	es 🗆 Other	E-mail			Date Birth//		
Ethnicity:	□Hispanic	□Non -	Hispanic					
Race: □Asian	Pacific Islande	r □Black	Native A	American I	ndian/Alaska N	Native □Other		
□Two c	or more races	□White						
Home Addres	s							
City	· · · · · · · · · · · · · · · · · · ·			_ State	Zip			
Home County			Home Phone	<u></u>	Cell	l Phone ()		
Emergency Co	ontact Person _			Pho	one ()			
						ere you Work		
Name of Dire	ctor: Last	<u>.</u>	First					
Phone ()_	F	ax ()	E-mail					
Agency Type		□Dept of Educat		isitor ed	☐ Family ☐Unregulated			
responsibility to participate in a I will not receive	to let the TECTA professional mar we credit for that	A office know if nner. If at any tim module. I unders	I choose to not at the my behavior is it	ttend the cla nappropriate on is design	ass. I further ac	aining. I understand that it is my knowledge that I am willing to the right to ask me to leave and age group and I am enrolling in		
Signature					Date			
						CTA-sponsored course, please le to your local TECTA site.		



Revised 12/02/2016

Department of Human Services and Tennessee State University, Center of Excellence for Learning Sciences.

