



# TECTA Orientation Enrollment Form

Center Of Excellence for Learning Sciences

Fall-2 2021

Complete this form and mail or fax to:

Tennessee Technological University  
TECTA

242 E. 10th Street Foundation Hall, Rr  
Cookeville, TN. 38505

Phone: (931) 372-6561

Fax: (931) 372-6562

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

91727 Administrator

91725 Center Based (R)

91729 Center Based (R)

91728 Family Child Care

91726 Infant/Toddler

TTU: Main Campus, Section 01V, Putnam ☐

TTU: Main Campus, Section 001, Putnam ☐

TTU: Main Campus, Section 02V, Putnam ☐

Warren Ut Extension Office, Section 01H, Warren ☐

Shephard's Little Flock, Section 001, Cumberland ☐

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.**



Revised 12/02/2016

The TECTA program is funded through a contract with the Tennessee  
Department of Human Services and Tennessee State University,  
Center of Excellence for Learning Sciences.



