

TECTA Orientation Enrollment Form Center Of Excellence for Learning Sciences

Fall-2 2020

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 application not being processed.	
91635 Administrator 91634 Center Based (R) 91632 Family Child Care 91633 Infant/Toddler		TTU: Main Campus, Section 01, Putnam	
Name: Last	First	Middle	
Social Security Number	Gender	□ Male □ Female	
Citizenship: □ United States □ Other □	E-mail	Date Birth/	
Ethnicity: □Hispanic □Non -F	Iispanic		
Race: □Asian Pacific Islander □Black	□Native Amer	ican Indian/Alaska Native	
☐ Two or more races ☐ White			
Home Address			
City	Sta	ite Zip	
Home County	Home Phone (Cell Phone ()	
Emergency Contact Person		Phone ()	
Your Place of Employment		County where you Work	
City			
Name of Director: Last.	First		
Phone (E-mail		
Agency Type			
responsibility to let the TECTA office know if I participate in a professional manner. If at any time	choose to not attend my behavior is inappr and each orientation is	the class. I further acknowledge that I am willing to opriate, the trainer has the right to ask me to leave and designed for a specific age group and I am enrolling in inth.	
Signature		Date	
		last enrolled in a TECTA-sponsored course, please n it as soon as possible to your local TECTA site.	
IN LENINECCEE	n is funded through a contrac	et with the Tennessee	



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