



Tennessee Early Childhood Training Alliance (TECTA)

MTSU Site Orientation Enrollment Request

Semester: Summer/Fall Year: 2010

Complete this form and mail or fax to:

Middle Tennessee State University TECTA

Box 106, Murfreesboro, TN 37132

Phone: 615-898-2974, 615-898-5603, 615-904-8271, 615-904-8318

Fax: 615-494-7662

Office Use Only
Call _____ Confirm _____
Student Table _____
Work History _____
Enrolled In Class _____
Class information _____

Please place a check in the box in front of the class for which you are requesting enrollment.

Administrator	<input type="checkbox"/> Bedford County 9:00a-12:00p July 19, 22, 26, August 2, 5, 9, 12, 16, 19, and 23 <input type="checkbox"/> Bedford County 6:00p-9:00p July 19, 22, 26, August 2, 5, 9, 12, 16, 19, and 23 <input type="checkbox"/> Giles County 8:00a-2:30p September 11, October 9, 23, November 6, and 20 <input type="checkbox"/> Giles County 2:30p-5:30p Aug 31, Sept 7, 21, 28, Oct 5, 12, 19, 26, Nov 2, and 9	<input type="checkbox"/> I am interested in these dates and times but would prefer it in _____ County.
Center-Based (ages 2 ½ -5)	<input type="checkbox"/> Lincoln County 6:00p-9:00p July 13, 15, 27, 29, August 3, 5, 10, 12, 17, and 19 <input type="checkbox"/> Hickman County 6:00p-9:00p Sept 9, 23, Oct 7, 14, 21, 28, Nov 4, 11, 18, and Dec 2 <input type="checkbox"/> Bedford County 8:00a-2:30p October 23, November 6, 20, December 4, and 11	<input type="checkbox"/> I am interested in these dates and times but would prefer it in _____ County.
Infant Toddler (6wks -36mths)	<input type="checkbox"/> Warren County 6:00p-9:00p July 20, 22, 27, 29, August 3, 5, 10, 12, 17, and 19 <input type="checkbox"/> Perry County 9:30p-4:00p August 21, September 18, 25, October 16, and 23 <input type="checkbox"/> Maury County 9:30p-4:00p August 21, September 18, 25, October 16, and 23 <input type="checkbox"/> Rutherford County 8:00a-2:30p October 30, November 6, 20, December 4, and 11	<input type="checkbox"/> I am interested in these dates and times but would prefer it in _____ County.

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 (____) _____ Fax (____) _____

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 _____



TSU-TECTA
Center of Excellence for Learning Sciences
Tennessee State University

Revised 04/07/2009
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