



Tennessee Early Childhood Training Alliance (TECTA)

Orientation Enrollment Request

Fall 2010

Complete this form and fax, followed by mailing hard copy to:

Tennessee State University
3500 John A. Merritt Blvd. Box 9500
Nashville, TN. 37209

Phone: (615) 277-1691

Fax: (615) 277-1670

- Administrator
- Administrator
- Center Based (R)
- Center Based (R)
- Center Based (R)
- Center Based (R)
- Family Child Care
- Infant/Toddler
- Infant/Toddler
- Infant/Toddler
- Infant/Toddler
- School-Age

- St. Luke's CDC, Davidson
- NSCC: Southeast Center, Davidson
- Covenant Family Child Care, Wilson
- Christ Presbyterian Church, Davidson
- First United Methodist Church--Williamson, Williamson
- Little Lambs of the Good Shepherd, Sumner
- TO BE ANNOUNCED-Davidson, Davidson
- Pleasant View Academy, Cheatham
- NSCC: Southeast Center, Davidson
- VSCC: Main Campus, Sumner
- Active Learning Center, Davidson
- YMCA Y-Cap Building, Davidson

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 _____

NOTICE: If you have changed your name and/or address since you last enrolled in a TECTA-sponsored course, please fill out a Change of Name/Address form and return it as soon as possible to the local TECTA site.

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