



Tennessee Early Childhood Training Alliance (TECTA)

TTU Site Orientation Enrollment Request

Semester: Spring 2010

Office Use Only
____ Student Table
____ Enrolled in class
____ Work History

Complete this form fax to:

Please follow Fax by mailing in a hard copy to:

Cheryl Tompkins
 Tennessee Tech University TECTA
 Box 5123
 Cookeville, TN 38505

Phone: 931-372-6561
 Fax: 931-372-6562

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

- | | | |
|---|-------------------|-----------------------------------|
| <input type="checkbox"/> Infant-Toddler | Putnam County | TTU -Jere Whitson Bldg. Rm. 218 |
| <input type="checkbox"/> Family | Smith County | Smith County Library |
| <input type="checkbox"/> Family | White County | White County Library |
| <input type="checkbox"/> Administrators | DeKalb County | Tiny Tots Tutoring |
| <input type="checkbox"/> Center-Based | Putnam County | TTU-Jere Whitson Bldg. Rm. 206 |
| <input type="checkbox"/> Center-Based | Overton County | Volunteer State Community College |
| <input type="checkbox"/> School-Age | Cumberland County | First United Methodist Church |

PLEASE PRINT CLEARLY

Student ID (Social Security Number) _____ - _____ - _____ DOB ____ / ____ / ____

Name: Last _____ First _____ Middle _____

Address _____

City _____ State _____ Zip _____ Home County _____

Home Phone (____) _____ Fax (____) _____ E-mail _____

Emergency Contact Person _____ Phone (____) _____

Place of Employment _____

Work Address _____

Name of Director: Last _____ First _____

City _____ State _____ Zip _____ Work County _____

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.

Signature _____ Date _____

Please note that each orientation is designed for a specific age group. It is very important that you enroll in the orientation that will provide you with the most optimal learning experience.

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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