



# TECTA Orientation Enrollment Form

Center Of Excellence for Learning Sciences

Fall-2 2023

Complete this form and mail or fax to:

Chattanooga State Community College  
TECTA

4501 Amnicola Highway  
Chattanooga, TN. 37421

Phone: (423) 697-2695

Fax: (423) 697-3208

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

92009 **Center Based (R)**

92008 **Family Child Care**

92010 **Infant/Toddler**

**First Presbyterian Church, Section 01, Monroe** ☐

**Busy Bee Day Care, Section 01, Franklin** ☐

**ChSCC: Main Campus, Section 01, Hamilton** ☐

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.**



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Department of Human Services and Tennessee State University,  
Center of Excellence for Learning Sciences.



