



TECTA Orientation Enrollment Form

Center Of Excellence for Learning Sciences

Fall-2 2025

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.

92254 Center Based (R)

92255 Center Based (R)

92258 Center Based (R)

92257 Family Child Care

92256 Infant/Toddler

CISCC: Main Campus, Section 01, Bradley ☐

Chattanooga Work Ready, Section 03, Hamilton ☐

Jasper Headstart, Section 02, Marion ☐

ChSCC: Main Campus, Section 01, Hamilton ☐

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.



Revised 12/02/2016

The TECTA program is funded through a contract with the Tennessee
Department of Human Services and Tennessee State University,
Center of Excellence for Learning Sciences.



