



# TECTA Orientation Enrollment Form

Center Of Excellence for Learning Sciences

Fall-1 2024

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.

- 92104 Administrator
- 92106 Center Based (R)
- 92107 Family Child Care
- 92105 Infant/Toddler

- ChSCC: Main Campus, Section Online, Hamilton
- ChSCC: Main Campus, Section 01, Hamilton
- ChSCC: Main Campus, Section 01, Hamilton
- CISCC: Main Campus, Section 01, Bradley

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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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.



