



TECTA Orientation Enrollment Form

Center Of Excellence for Learning Sciences

Fall-2 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)
- 92176 Center Based (R)
- 92107 Family Child Care
- 92105 Infant/Toddler

- ChSCC: Main Campus, Section Online, Hamilton
- ChSCC: Main Campus, Section 01, Hamilton
- Chattanooga Work Ready, Section 02, 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.



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.

