



# TECTA Orientation Enrollment Form

Center Of Excellence for Learning Sciences

Spring 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.

92142 Center Based (R)

92147 Center Based (R)

92141 Family Child Care

92144 Infant/Toddler

92145 Infant/Toddler

92135 School-Age Online

92136 TECTA Literacy 30: Books and Bc

ChSCC: Dayton Site, Section 01, Rhea

Parish of St. Mark & St. Paul, Section 02, Franklin

Chattanooga State Community College - Online, Section Online, Ha

ChSCC: Main Campus, Section 01, Hamilton

CISCC: Athens Site, Section 02, McMinn

ChSCC: Main Campus, Section Online, Hamilton

ChSCC: Main Campus, Section Online, 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.



