



Tennessee Early Childhood Training Alliance (TECTA)
Orientation Enrollment Request Semester: Fall 2009/Spring 2010

Complete this form and fax or mail in a hard copy to:

Austin Peay State University TECTA
 P.O. Box 4514
 Clarksville, TN 37209
 Phone: 931-221-7585 Fax: 931-221-6453
 Website: WWW.TECTA.INFO

<i>Office Use Only</i>	
_____	Confirmation Card
_____	DB (Info, Work, Enroll)
_____	Packet

PLEASE CHECK ONE:

Administrator	<input type="checkbox"/>	Henry County <i>(Begins November 7, 2009)</i>	<input type="checkbox"/>	Montgomery County <i>(Begins March 2, 2010)</i>
Center based (ages 3-5)	<input type="checkbox"/>	Montgomery County <i>(Begins November 10, 2009)</i>	<input type="checkbox"/>	Montgomery County <i>(Begins March 16, 2010)</i>
	<input type="checkbox"/>	Robertson County <i>(Begins March 15, 2010)</i>	<input type="checkbox"/>	Henry County <i>(Begins April 26, 2010)</i>
Family	<input type="checkbox"/>	Montgomery County <i>(Begins January 13, 2010)</i>		
Infant Toddler (6wks -36mths)	<input type="checkbox"/>	Montgomery County <i>(Begins February 9, 2010)</i>		
School Age	<input type="checkbox"/>	Montgomery County <i>(Begins February 2, 2010)</i>		

PLEASE PRINT CLEARLY

Name: Last _____ First _____ Middle _____

Student ID (Social Security Number) _____ - _____ - _____

Gender: Male Female **Citizenship:** United States Other

Race: White Black American Indian/Alaska Native Hispanic Asian Pacific Island
 Other Two or more races Not Provided

E-mail _____ **DOB** ____/____/____

Address _____ **City** _____ **State** _____ **Zip** _____

Home County _____ **Home Phone** (____) _____ **Fax** (____) _____

Emergency Contact Person _____ **Phone** (____) _____

Your Place of Employment _____ **Work County** _____

Work Address _____ **City** _____ **State** _____ **Zip** _____

Name of Director: Last _____ First _____

Phone (____) _____ **Fax** (____) _____ **E-mail** _____

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 Change of Name/Address form and return it as soon as possible to the local TECTA site.

“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.”