



# TECTA Orientation Enrollment Form

Center Of Excellence for Learning Sciences

Spring 2023

Complete this form and mail or fax to:

East Tennessee State University  
TECTA

PO Box 70434  
Johnson City, TN. 37614

Phone: (423) 439-7854  
Fax: (423) 439-7703

Failure to complete all information  
on this form will result in your  
application not being processed.

91946 **Center Based (R)**  
91945 **Center Based (R)**  
91944 **Family Child Care**  
91947 **Infant/Toddler**  
91943 **School-Age Online**

Carson-Newman College, Section 01, Jefferson ☐  
Science Hill CTE site, Section CTE, Washington ☐  
Online Orientation - ETSU, Section 01, Washington ☐  
Greene Co. TBD, Section 01H, Greene ☐  
Online Orientation - ETSU, Section 01, Washington ☐

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.**

