



**Tennessee Early Childhood Training Alliance (TECTA)
Orientation Enrollment Request Semester: Spring 2010**

Complete this form, then fax or mail to:

Veronica Butler Phone: 901-333-5541 Fax: 901-333-5750
Southwest Tennessee Community College – TECTA
 737 Union Ave., F-307
 Memphis, TN 38103

Office Use Only
<input type="checkbox"/> Student Table
<input type="checkbox"/> Enrolled in class
<input type="checkbox"/> Work History

PLEASE CHECK ONE:

Administrator	<input type="checkbox"/> Gill Campus: 1/12 to 2/11/09 - Tues & Thurs	<input type="checkbox"/> Union Campus: 4/3 to 5/8/09 - Saturday
Center Based (teachers of 3-5 year olds)	<input type="checkbox"/> Union Campus: 2/20 to 3/20/09 - Saturday	<input type="checkbox"/> Smith Campus: 4/6 to 5/6/09 - Tues & Thurs
Family	<input type="checkbox"/> Union Campus: 1/23 to 2/20/09 - Saturday	
Infant Toddler (teachers of 0-3 year olds)	<input type="checkbox"/> Whitehaven Library 1/11 to 2/17/09 - Mon & Wed	<input type="checkbox"/> Macon Campus: 2/27 to 3/27/09 - Saturday
	<input type="checkbox"/> Union Campus: 4/6 to 5/6/09 - Tues & Thurs	
School Age	<input type="checkbox"/> Macon Campus: 3/22 to 4/28/09 - Mon & Wed	

PLEASE PRINT CLEARLY

Social Security Number (REQUIRED) _____ - _____ - _____

Name: Last _____ First _____ Middle _____

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** ____/____/____

Home 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 teach.**

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.

“This project is funded through a contract with the Tennessee Department of Human Services and Tennessee State University, Center of Excellence for Learning Sciences.”