	ion Enrollment Form lence for Learning Sciences
EARLI CHILDHOOD TRAINING ALLIANCE ewide Management Office	mmer-1 2019
Complete this form and mail or fax to: Tennessee Technological University TECTA 242 E. 10th Street Foundation Hall, Rr Phon Cookeville, TN. 38505 Fax:	72-6562
91475 School-Age	TTU: Main Campus, Section 01, Putnam 🛛
Name: Last F	Middle
Social Security Number	der 🗆 Male 🗆 Female
Citizenship: 🗆 United States 🗆 Other E-ma	Date Birth//
Ethnicity: DHispanic DNon-Hispa	
Race: Asian Pacific Islander Black	tive American Indian/Alaska Native □Other
□Two or more races □White	
Home Address	
City	
	Phone () Cell Phone ()
Emergency Contact Person	Phone ()
Your Place of Employment	County where you Work
Work Address	
City	
Name of Director: Last.	First
Phone (ail
Agency Type Center Dept of Education High School Higher Education	eme Visitor
I understand that I am enrolling in a 30-hour class and	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.



The TECTA program is funded through a contract with the Tennessee Department of Human Services and Tennessee State University,

Revised 12/02/2016

Center of Excellence for Learning Sciences.

