



# TECTA Orientation Enrollment Form

Center of Excellence for Learning Sciences • Tennessee State University

Type	Location	Registration	First Class	✓ to Attend ↓
Admin	Columbia (Maury) <i>Hybrid</i>	Opens August 15	Oct 5 (Saturday) 9AM-12PM	
Center-Based	Web-Based* <i>See County Requirements</i>	Opens August 15	Sept 30 (Mon) Intro Zoom 6PM	
Infant-Toddler	Columbia (Maury) <i>Hybrid</i>	Opens August 15	Oct 12 (Saturday) 9A-12P & 1P-4P	
ACEs**	Web-Based <i>See prerequisites</i>	Opens August 15	Sept 30 (Mon) Intro Zoom 6PM	

\*Registration priority for the online Center-Based orientation goes to those living or working in the following counties: Dickson, Hickman, Houston, Humphreys, Lawrence, Lewis, Perry, Stewart.

\*\*ACEs Orientation has a prerequisite of a previous TECTA orientation or one 3-hour college course completion.

[Check for AUGUST Infant-Toddler \(Clarksville\)](#)

Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Gender  Male  Female

E-mail \_\_\_\_\_ Date of Birth \_\_\_\_\_

Citizenship:  United States  Other

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 (\_\_\_\_) \_\_\_\_\_ Mobile Phone (\_\_\_\_) \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Your Place of Employment \_\_\_\_\_ County of Employment \_\_\_\_\_

Work Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of Director: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

Director's E-mail \_\_\_\_\_

Agency Type:  Center  Dept. of Education  Home Visitor  Family  
 Group Home  High School  Higher Education  Registered  Authorized

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 in my care.

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.**





# TECTA Student Information Form

Center of Excellence for Learning Sciences ♦ Tennessee State University

TECTA Orientation Location or Institution Attending \_\_\_\_\_

Social Security Number \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

## Employment Status

Your Place of Employment \_\_\_\_\_

Ages of children in classroom (choose one)

- Birth to 8 months       9 to 17 months       18 to 36 months       3 to 5 year olds
- School-Age       Family Childcare
- Mixed-age Group: Infants       Mixed-age Group: Infants and Preschool       Not a Direct Care Provider

TECTA Support Received for: Semester \_\_\_\_\_ Year \_\_\_\_\_

**Salary:** Please note: this question is for research purposes ONLY. Individual responses will not be identified or published.

\$ \_\_\_\_\_ per Hour

- |  |   |   |  |
|--|---|---|--|
| Current Position Title:                          | <input type="checkbox"/> Asst. Director | <input type="checkbox"/> Asst. Director/Teacher | <input type="checkbox"/> Caregiver/Teacher |
| <input type="checkbox"/> DHS Staff               | <input type="checkbox"/> Director       | <input type="checkbox"/> Director/Teacher       | <input type="checkbox"/> Home Visitor      |
| <input type="checkbox"/> Home Visitor Supervisor | <input type="checkbox"/> Other          | <input type="checkbox"/> Owner of Program       | <input type="checkbox"/> Sub/Floater       |
| <input type="checkbox"/> Teacher Aide            | <input type="checkbox"/> Authorized     | <input type="checkbox"/> Volunteer              |  |

Number of years in current position \_\_\_\_\_ Number of years in Early Childhood Field \_\_\_\_\_

Number of years at current place of employment \_\_\_\_\_ Hours worked per week \_\_\_\_\_

Do you have children with diagnosed delays or disabilities in your classroom?     Yes     No

Number of children in your classroom \_\_\_\_\_

**Please complete the reverse side if you are a first-time TECTA-supported student.**



**Complete this side if this is the first time you are receiving TECTA services.**

**Please check the professional organization(s) to which you belong:**

- |   |  |
|---|--|
| <input type="checkbox"/> Head Start Association                     | <input type="checkbox"/> National Association for the Education of Young Children  |
| <input type="checkbox"/> National Black Child Development Institute | <input type="checkbox"/> National Child Care Association                           |
| <input type="checkbox"/> National Family Child Care Association     | <input type="checkbox"/> Tennessee Association for the Education of Young Children |
| <input type="checkbox"/> Tennessee Family Child Care Alliance       | <input type="checkbox"/> Tennessee School-Age Care Alliance                        |

**Highest education level completed before seeking TECTA support**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Less than 9th grade | <input type="checkbox"/> 9th – 12th grade (no diploma)  | <input type="checkbox"/> High School Graduate/GED     |
| <input type="checkbox"/> Some College        | <input type="checkbox"/> Technical Certificate          | <input type="checkbox"/> Associate of Applied Science |
| <input type="checkbox"/> Associate Degree    | <input type="checkbox"/> Bachelors/Baccalaureate Degree | <input type="checkbox"/> Masters/Doctorate Degree     |

College or University of Highest Degree \_\_\_\_\_

Major:  Early Childhood Education     Elementary Education     Special Education  
 Other \_\_\_\_\_    Graduation Date of Highest Degree \_\_\_\_/\_\_\_\_/\_\_\_\_

**Parents' Educational Levels**

Mother

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Less than 9th grade | <input type="checkbox"/> 9th – 12th grade (no diploma)  | <input type="checkbox"/> High School Graduate/GED     |
| <input type="checkbox"/> Some College        | <input type="checkbox"/> Technical Certificate          | <input type="checkbox"/> Associate of Applied Science |
| <input type="checkbox"/> Associate Degree    | <input type="checkbox"/> Bachelors/Baccalaureate Degree | <input type="checkbox"/> Masters/Doctorate Degree     |

Father

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Less than 9th grade | <input type="checkbox"/> 9th – 12th grade (no diploma)  | <input type="checkbox"/> High School Graduate/GED     |
| <input type="checkbox"/> Some College        | <input type="checkbox"/> Technical Certificate          | <input type="checkbox"/> Associate of Applied Science |
| <input type="checkbox"/> Associate Degree    | <input type="checkbox"/> Bachelors/Baccalaureate Degree | <input type="checkbox"/> Masters/Doctorate Degree     |

**Professional Objectives**

Why do you want to participate in TECTA training? (Check all that apply):

- Further my education     Help with my job search     Improve my job skills     Obtain a CDA  
 Obtain a raise/higher pay

Have you completed other early childhood training during the last 12 months?     Yes     No

Did your employer require the training?     Yes     No

Do you plan to continue working in child care?     Yes     No

If no, please tell us why \_\_\_\_\_

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# TENNESSEE STATE UNIVERSITY

## PHOTOGRAPHIC CONSENT AND RELEASE FORM

I hereby authorize Tennessee State University and those acting in pursuant to its authority to:

- (a) Record my likeness and voice on a video, audio, photographic, digital, electronic or any other medium.
- (b) Use my name in connection with these recordings.
- (c) Use, reproduce, exhibit or distribute in any medium (e.g. print publications, video tapes, disk, Internet/WWW) these recordings for any purpose that the University, and those acting pursuant to its authority, deem appropriate, including promotional or advertising efforts.

I release the University and those acting pursuant to its authority from liability for any violation of any personal or proprietary right I may have in connection with such use. I understand that all such recordings, in whatever medium, shall remain the property of the University. I have read and fully understand the terms of this release.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip \_\_\_\_\_

Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(if under 18)