



TECTA Orientation Enrollment Form

Center Of Excellence for Learning Sciences

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

ENROLL TODAY!

Complete this form and email or fax to:
TECTA
1510 Lake Road
Dyersburg, TN 38024

email to: lents@dsc.edu

Phone: (731) 288-7477 Fax: (731) 288-7820

Please Mark the Class You Would Like To Attend

Orient #	Type	Location	Class Format	Start Date
91991	Administrator	Madison Co. - Jackson	Face-to-face	October 3(Tuesdays 9am-4pm)
91992	School Age	Online	Online	October 4 (1 module each week)
91993	Infant/Toddler	Gibson Co. - Trenton	Face-to-face	October 7(Saturdays 9am-4pm)
91994	Center-Based	Madison Co. - Jackson	Face-to-face	October 7(Saturdays 9am-4pm)
91995	Center-Based	Dyer Co. - Dyersburg (DSCC)	Face-to-face	January 9 (Tues/Thurs 6pm-9pm)
91996	Family	Henry Co. - Paris (HCC)	F2F/Zoom	January 27 (Saturdays 9am-4pm)
91997	School Age	Online	Online	January 31 (1 module each week)
91998	Infant/Toddler	Henry Co. - Paris (HCC)	Face-to-face	March 5 (Tues./Thurs. 6pm-9pm)
91999	Administrator	Madison Co. - Jackson	Face-to-face	March 5(Tuesdays 9am-4pm)
92000	Center-Based	Henderson Co. - Henderson	Face-to-face	May 7 (Tues/Thurs. 6-9pm)
92001	Infant/Toddler	Tipton Co. - Covington (JNC)	Face-to-face	July 13 (Saturdays 9am-4pm)
92002	Family	Dyer Co. - Dyersburg (DSCC)	Face-to-face	July 23 (Tues/Thurs 6pm-9pm)
92003	Center-Based	Obion Co. - Union City	Face-to-face	August 27 (Tues/Thurs 6pm-9pm)
	Advanced ACES	Austin Peay	Contact APSU	Offered Spring 2024
	Literacy 30:Books&Beyond	Chattanooga State	Contact CSCC	Offered January 2024

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 _____

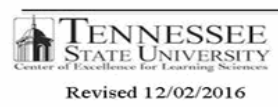
Phone (____) _____ Fax (____) _____ E-mail _____

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.



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.

