

TECTA Orientation Enrollment Form

Center Of Excellence for Learning Sciences

Type	Location	Deadline	First Class	✓ to Attend
Center-Based	Clarksville (Montgomery)	Register by 3/25/24	April 1 (Wednesday)	
Family	Web-Based	Register by 4/8/24	Begins March 11	
Center-Based	Columbia (Maury) Hybrid	Register by 3/11/24	April 9 (Zoom)	
Infant-Toddler	Columbia (Maury) Hybrid	Register by 4/8/24	April 13 (Saturday)	
Admin	Clarksville (Montgomery)	Register by 5/28/24	June 4 (Tuesday)	
Infant-Toddler	Clarksville (Montgomery)	Register by 8/20/24	August 27 (Tuesday)	

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

Complete this form and return to: tecta@apsu.edu or fax: to 931-221-7585

If you need assistance, please call 931-221-7585

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.





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.





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

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

- Head Start Association
- National Association for the Education of Young Children
- National Black Child Development Institute
- National Child Care Association
- National Family Child Care Association
- Tennessee Association for the Education of Young Children
- Tennessee Family Child Care Alliance
- Tennessee School-Age Care Alliance

Highest education level completed before seeking TECTA support

- Less than 9th grade
- 9th – 12th grade (no diploma)
- High School Graduate/GED
- Some College
- Technical Certificate
- Associate of Applied Science
- Associate Degree
- Bachelors/Baccalaureate Degree
- 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

- Less than 9th grade
- 9th – 12th grade (no diploma)
- High School Graduate/GED
- Some College
- Technical Certificate
- Associate of Applied Science
- Associate Degree
- Bachelors/Baccalaureate Degree
- Masters/Doctorate Degree

Father

- Less than 9th grade
- 9th – 12th grade (no diploma)
- High School Graduate/GED
- Some College
- Technical Certificate
- Associate of Applied Science
- Associate Degree
- Bachelors/Baccalaureate Degree
- 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)