TM Tribal Child Care

Assistance Program

PO Box 900 Belcourt ND, 58316

Ph: 701-477-5532 or 477-6295

Fax: 701-477-8259

Registering Staff (Helper) for a Child Care Provider

Please provide a copy of the following:

	Complete Application			
Criminal Background Check and Fingerprints				
	CPR/First Aid: Renew every 2 years			
	Provider Training Hours: Family Care: 10 hours			
	Center: 16 hours			
	Face-to-Face consultation: Contact Tammy Jeanotte or Mandy			
	Nadeau for an appointment			



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To be completed and signed by the staff	member providing	care: Pl	ease print	p		
Name of Staff (Helper):			ouse print			
Contact Number:						
Address:						
Date of Birth:						
Name of Provider you are working for:						
911 Address of Facility:						
A			,			
Are you 18 years of age or older?			es	No		
Are you CPR/First Aid Certified?			'es	No		
Training Hours Completed?			'es	No		
Have you completed Crimir	d					
and Fingerprinting?		}	'es	No		
I have provided the Turtle Mountain Trib information. With my signature I am auth	al Child Care Progra	ım Assis A to pro	tance Offi cess a bac	ce with accurate ckground check on myself.		
Staff Member Signature:			Date:			
For Office Use Only:						
Date Received Expiration Date:						
Application						
			und w/ Fingerprints			
Exp:	CPR/First Aid Certified					
	Training Hours Completed					
Agency Staff Signature:		Date of Approval:				

Growing Futures Online Training Site

Website: www.ndgrowingfutures.org

- Click on> LogIn and create account
- Verify email to create password and then login into account
- Go to> Course Catalog
- Type in> Basic Child Care
- Scroll to> Getting Started
- Go to> Register Online (bottom right)
- Go to> Enter Classroom and Launch Course (bottom right)

For any problems or questions please call 1-800-997-8515 ext.2 or email training@ndchildcare.org