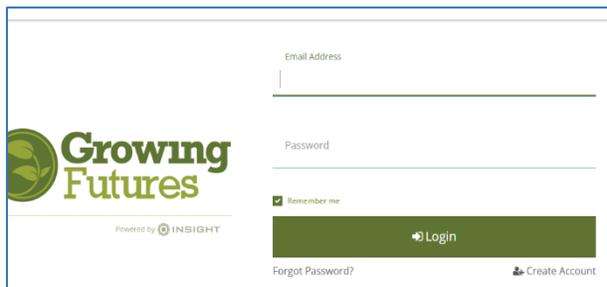# How to Create an Organization Account

Creating an organization account with the Growing Futures Registry is simple and free. With your account, you'll be able to quickly track your employees' training and easily provide information to your licenser at renewal time. You will also be ready to participate in the state Bright&Early program. Organization accounts are for licensed direct-care programs as well as Pre-K, after school programs, early childhood service providers, training organizations, Tribal entities, and others involved in the field of early care and education.

Organization Accounts are linked to and accessed from an Individual Account, so before you can create an organization account you must first have an Individual Account in the Registry.

Follow these steps to create your Organization Account:

1. Go to www.ndgrowingfutures.org and click on "Login" in the search bar at the top of the page.

2. Log in with the email address and password for your individual account.

3. There are two ways to add an Organization Account from your Individual Account. You can open the drop-down menu below your name in the upper right corner of your account main page and then click on "**+Organization Profile,**" or click on "**Add Organization Profile**" on the right-hand menu.
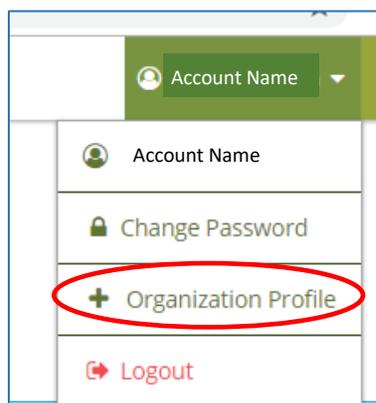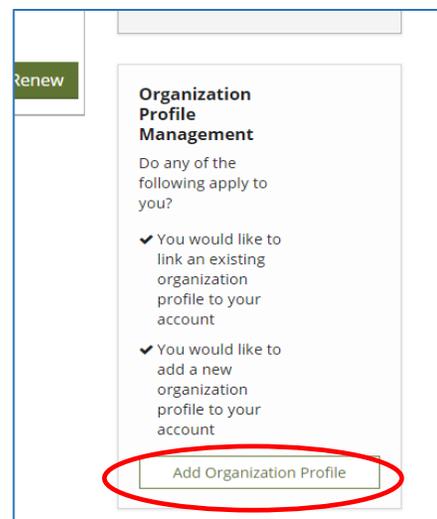
4. Click on "Create Profile."

Organization Profile Lookup

Please enter the organization ID to request access to the organization profile. This is not a license number.

Organization ID

Enter the Organization ID Number

Required

Find Profile

Need a New Organization Profile?

If you need to create a new organization profile, please click "Create Profile" to begin organization profile setup.

Create Profile

Contact Info	ID Numbers	Organization Type	Address

Organization Registration

Please fill out the form below to register your organization. Fields marked with * are required. Use the Contact Us form if you have any questions or concerns about the organization registration process.

Contact Information

T   elect as your contact person is the person   :ontacted regarding all matters related to this organizational account. Please choose your contact person with that in mind.

First Name*

Last Name*
Anderson

Email Address*
ecanders@gmail.com

Phone   Ext.

5. Your name, email address, and phone number will appear in the boxes. Verify this information.

Does this organization provide care and/or education to children?

Select "Yes" if your program is:

- Licensed or regulated by the ND Department of Human Services as a family, group, or center child care
- Licensed or regulated preschool
- Licensed or regulated school-age child care
- Legally exempt child care

○ Yes, this organization provides direct care and/or education to children

○ No, this organization does not provide direct care and/or education to children

Next »

6. Answer the question about care and/or education, and then click "Next."

7. If you indicate that your organization provides direct care and/or education to children, you will be asked to provide additional information, such as your DHS child care license number, and if your organization is associated with a Head Start grantee, a school district, or a Tribal grantee.

Complete each section and then click "Next."

Contact Info	ID Numbers	Organization Type	Address

Organization Identification

You indicated that this organization provides early learning and/or school age care to children. Let's gather some identifying information for this organization. **Answer Yes or No to all questions.**

Are you a child care program licensed by the North Dakota Department of Human Services (DHS)?

If your program or business is licensed by the North Dakota Department of Human Services, provide your license number below.

○ Yes

Enter your DHS license number (required)

○ No

Are you a DHS-licensed child care program in partnership with Head Start?

If you are a DHS-licensed child care that partners with Head Start to offer one or more Head Start classrooms in your program, select the Head Start grantee that is your partner.

○ Yes

Select your Head Start grantee (required)

8. If your organization is not a direct care or education program, you'll be asked to select your Organization Type.

9. Indicate if you wish to be considered as a training sponsor.

Contact Info   **Organization Type**   **Address**

Organization Type

Please indicate your organization's primary purpose.

-- Select Type From List -- ▼

☐ Training Sponsor Organization

Check if your organization is a sponsor of training events. Doing so will allow you to enter training events into the system.

Next »

Contact Info   Organiz

Organization Type

Please indicate your organization's primary purpose.

USDA Food Program ▼

-- Select Type From List --
Child Care Aware
College or University
Department of Human Services
Department of Public Instruction
Early Intervention
Family Support Services
Military
NDSU Extension/Parent Resource Centers
Professional Association
Public Health
Specialized Service Provider
Training Agency
Tribal Grantee
Tribal Subsidy Recipient
USDA Food Program

10. Direct care and/or education programs will have the option of selecting program accreditation. If applicable, make your selection and then click "Next."

Organization Type

Please indicate your organization's primary purpose.

-- Select Type From List -- ▼

☐ Training Sponsor Organization

Check if your organization is a sponsor of training events. Doing so will allow you to enter training events into the system.

Program Accreditation

Select the accreditations your program holds

-- Select Accreditation -- ▼   Add

-- Select Accreditation --
Council on Accreditation (COA)
National Accreditation Commission (NAC)
National Association for the Education of Young Children (NAEYC)
National Family Child Care Accreditation (NAFCC)

Next »

Program Enrollment

Enter the number of children by age group for which you provide care. In addition, enter the number of high needs children in each age group. After entering the total number of high needs children in each age group, you'll be asked how many children meet each particular high needs criteria. Because one child may have more than one need, the detailed numbers will not necessarily add up to the total number of high needs children. However, if you report any high needs children, you must provide a number greater than zero in at least one high needs category.

Number of Classrooms / Groups [   ]

Total Number of Children Enrolled: **0**

Infants (0 - 18 months)	0	High Needs	0
Toddlers (19 - 36 months)	0	High Needs	0
Three Year Olds (37 - 48 months)	0	High Needs	0
Four Year Olds (49 - 60 months)	0	High Needs	0
Five Year Olds (61 - 72 months)	0	High Needs	0

11. Direct care and/or education programs will be asked to provide information on Classroom Enrollment, Program Enrollment, and the number of children with high needs who are served by the program. This information is optional.

When is your program open and serving children? (Please choose the one answer that best fits.)

-- Select Timeframe -- ▼

If your program closes (is not serving children) for two or more consecutive weeks at any time during the year, please describe below when your program is closed. Please be as specific as possible.

This program is closed during the following timeframe each year:

[   ]

Next »

12. Direct care and/or education programs must select when the program is open and serving children. **This information is not optional.** Complete and then click "Next."

13. On the last page of the Organization Profile, verify your organization address, phone number, and communication preferences.

After selecting your communication preferences, be sure to click "Submit."

14. Congratulations! You've created our Organization Account. A Growing Futures Registry staff person will contact you shortly to review and verify your account information.

Growing Futures Help Center

Please visit our Help Center at any time, at www.ndgrowingfutures.org to find more answers to popular questions.

Additional Tips

- **Share your Growing Futures Organization ID# with staff!** Be sure that employees know the correct way to add themselves as an employee of your organization. **EMPLOYEES SHOULD _NOT_ ADD YOUR ORGANIZATION TO THEIR ACCOUNT USING THE METHOD SHOWN IN THIS DOCUMENT.** Instead, teach your staff to use the Organization ID# when they fill out the Employment section of their individual accounts. This will allow you and your licenser to quickly find a list of employees and open their training records, to make license renewal much easier. In fact, we recommend that you make this part of your staff orientation so that your employees are attached to your account right from the beginning of their employment. NOTE: When a person selects your program as their employer, you will get an email asking you to confirm that they work for you. Be sure you confirm them as your employee so that their name is added to your organization account.

- Update your account regularly. Organization accounts do not expire so it's up to you to keep your account information up-to-date. Always update if something changes – your address, phone number, license number, contact person, etc. If an employee leaves your organization, you will want to add an end date to their employment, so they move off your current employee list.