# ADDING A CHILD TO YOUR PARENT PORTAL

# You will need to email the administrative office (info@wisconsinyouthcompany.org) and ask for your parent portal to be reset.

Once you receive confirmation that your account has been reset, long into your <u>parent</u> <u>portal</u>



Click "Registration" (You are not registering, but you do need to click the link in order to add your additional child(ren)



#### Click "ok"



### Click "Add New Student"

Information	Summary
Welcome Back	
- We're excited to hav	e you back in program! To ensure the safety of your child(ren) during program hours, it is vital to update your information.
- On the information s	ummary page, please click on the names in blue to update:
- -Child's health info	mation
-Child grade as of	all 2025
-T-shirt size (sumn	er only) Jose antiki (aliale have for avring lavel definitions)
-Swim Level (SUM)	er onryg (crick nere for swith level definitions)
-Farenco Conta	t / Authorized Pickup contact info
When finished, scro registration tab at th	to the very bottom of the information summary page and select "Confirm Information is Correct". You can then register for programs by selec top of the page.
-	
Once you have com	pleted this information update, for any further information updates please email our offices:
DANE::info@wiscor	sinyouthcompany.org
WAUKESHA::wauk	sha@wisconsinyouthcompany.org
If you are adding a r	ew child through your parent portal, please email our office with up-to-date immunizations(not needed for Middle School U)
-< <please note:<="" td=""><td>Changes made here do not take effect until Summer or Fall programming. If you need to update information for current programming.</td></please>	Changes made here do not take effect until Summer or Fall programming. If you need to update information for current programming.
email our offices li	ted above.>>
Thank you!	

## Fill in all blank boxes

Wisconsin YOUTH dorong the school det	
Confirm Information	
Information Summary	
Student: Erica 🗸	
First Name:	
Middle Name:	
Last Name:	
Gender:	Male 🗸
Birthday:	mm/dd/yyyy
Address 1:	
Address 2:	
City:	
State:	Please Select A State 🗸
Zip:	
Home Phone:	
Grade:	Select a Grade 🗸
School Attending:	Wisconsin Youth Company 🗸
Other:	

Resides With:	N/A	~	
Name of Physician:			]
Name and Address of Medical Facility:			]
Phone Number of Medical Facility:			
Telephone Authorization Code:			]
Other Information			
Do you provide consent for the child photograph to be released?	⊖Yes ® No ⊖ N/A		
State statues require any child under the age of 8 years old and under 80 lbs. be transported in a booster seat while in any vehicle with seat belts. My child weighs less than 80 lbs?	⊖Yes ® No ⊖ N/A		
Insect Repellent: Center will provide Cutter All Family Pump Spray, 7% Deet. I authorize Center to apply insect repellent to my child?	○ I authorize    I do not authori	ze $\bigcirc$ I will provide $\bigcirc$ N/A	
Sunscreen: I authorize my child to self-apply sunscreen to the extent possible, and for Center staff to provide assistance to my child in applying sunscreen as necessary to ensure adequate coverage?	${f @}$ I authorize ${igodot}$ I do not authori	ze $\bigcirc$ I will provide $\bigcirc$ N/A	
Child swim level	Not Answered	~	
Any swim concerns:			
Program T-Shirt Size (MSU only offers adult size):	Not Applicable 🗸		
Request Extra T-Shirt?:	○ Yes		
Is child allergic to Food/Milk?	○ Yes		
Child has gastrointestinal or feeding concerns, including special diet or supplements?	○Yes   No ○ N/A		

Is child allergic to any Medications?		
Does child have any Environmental allergies?	⊖Yes ® No ⊖ N/A	
Does child have any Other allergies?	○Yes   No ○ N/A	
Child will have an epi-pen at site?	⊖Yes   No ○N/A	
Does child have asthma?	○ Yes   No ○ N/A	
Will child have an inhaler at site?	⊖ Yes ® No ⊖ N/A	
Does child have cerebral palsy/motor disorder?	○ Yes ® No ○ N/A N	
Does child have Diabetes?	○ Yes   No ○ N/A	
Does child have Epilepsy/Seizures?	○ Yes   No ○ N/A Date:	
Has child had chickenpox?	○Yes  No ○N/A - Date: mm/dd/yyyy	
Does child have ADD/ADHD?	⊖ Yes   No  N/A	

Does child have an Autism Spectrum diagnosis?		
Behavioral or mental health considerations?	○ Yes   No ○ N/A	
Does child have cognitive/learning development considerations?	○ Yes ● No ○ N/A	
Child has other conditions that may require special care?	○Yes ® No ○ N/A	
Does your child have an IEP or accomodation plan during the school day?	No OYes O Not Answered	
Medications (prescribed and over-the-counter) your child takes regularly between program times. Please list the name of medication and the time of day to be administered	No OYes ONot Answered	
Child has medications kept on site?	No OYes O Not Answered	
I feel my child can participate in program activities without restrictions (if no, my child can participate with the following restrictions or accomodations):	ONo ®Yes ONot Answered	
If you have indicated that your child has one or more of the medical conditions listed above, you must complete the questions below: Signs or symptoms to watch for (Please type N/A if none) :		
Specify triggers that may cause problems and steps the staff should follow in response (Please type N/A if none)		

Click "ok"

Messages/Warnings

Your information has been confirmed.

Change Request was subi ted.

OK

If you have additional children to add, click "Add New Student"



<u>If you do not have additional children to add, you are finished. You are able to look in your portal, and your new child(ren) will appear.</u>