

REGISTERING A CHILD FOR WISCONSIN YOUTH COMPANY PROGRAMS

Registering a child with Wisconsin Youth Company

Items Needed Before Beginning the Registration Process

1. **Parent 1:** The child must have at least one parent/guardian listed on their account. This individual must be accessible via phone during program hours. This individual will also be an authorized pickup person and must be available or have a plan in place to transport their child to and/or from the program.

2. **Emergency Contact Information** for person authorized as an emergency contact or authorized pick-up person (1 required/2 preferred)

- Name
- Phone number
- Email address/ physical address

3. Child's Physician

- Doctor's Name
- Clinic Address
- Clinic Phone Number

4. **Immunization Records-** It is okay if the family does not have the child's immunization record at the time of registration. A member of the registration team will email the family after registering and ask that they provide the missing information. This information is required prior to the child starting in program.

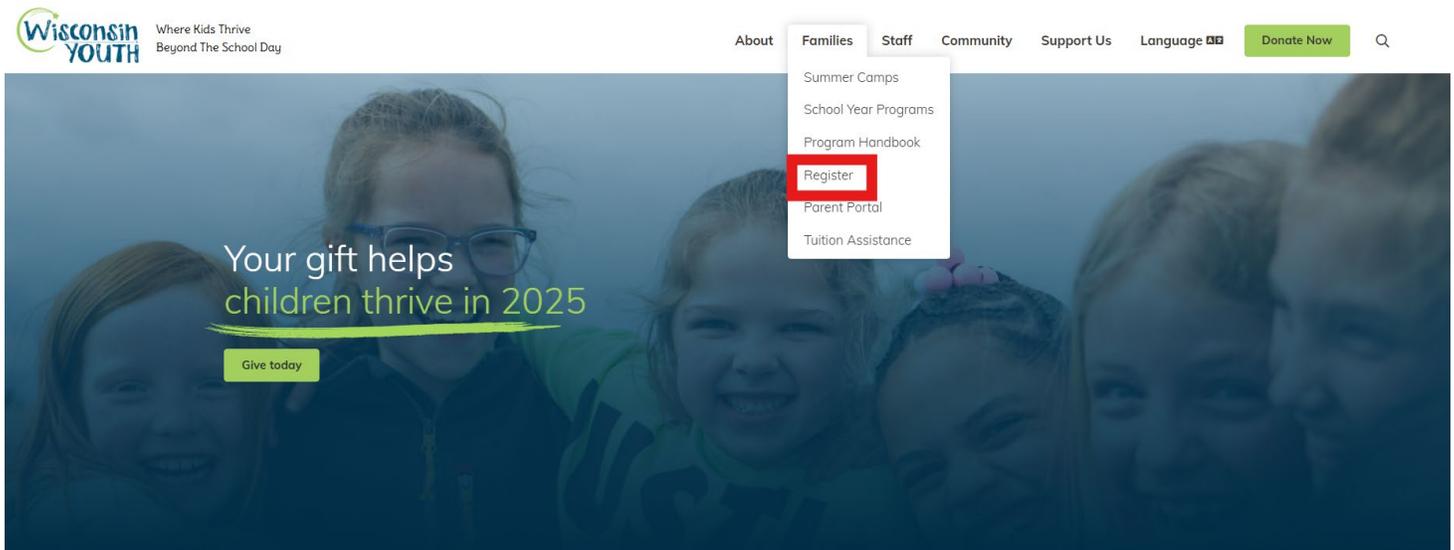
5. Child's Health History Information

6. **Please note that new registrations will take between 20-30 minutes to enter information into the database**

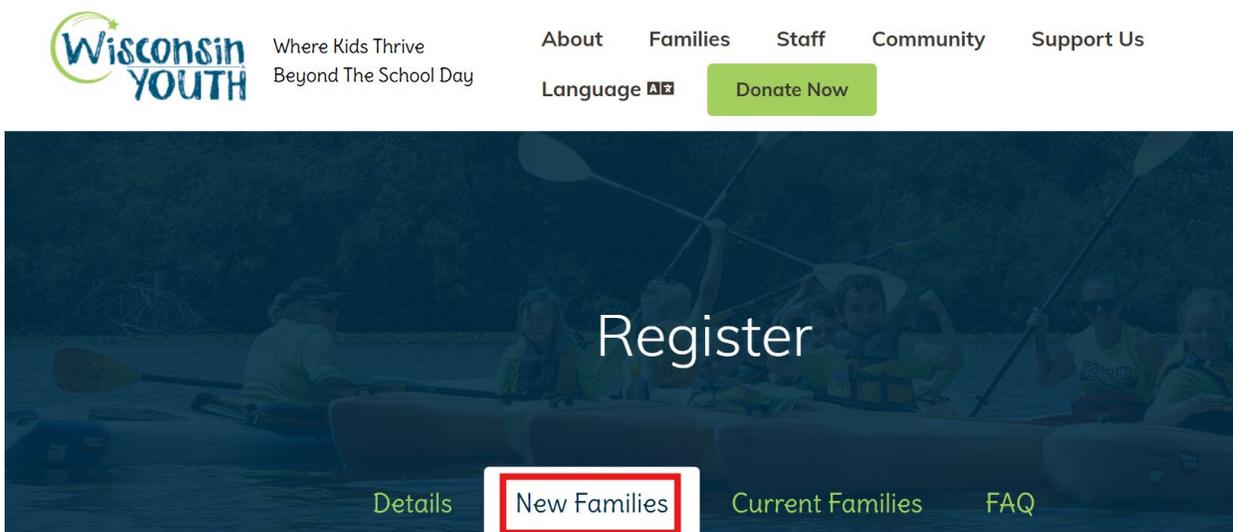
Registering a child with Wisconsin Youth Company

Visit our website at www.wisconsinyouthcompany.org

Click on the green “Families” tab on the top of the screen and scroll down to “Register”



Click on the “New Family” tab



Registering a child with Wisconsin Youth Company

New Families select "Start New Registration" (disregard information under "Getting started")



Getting Started

- Registration is a lottery-based system for all summer programs except Middle School U.
- Parents should expect **one to two weeks** to process most registrations.
- **IMPORTANT:** Please read the FAQs tab for more information.
- [Tuition assistance](#) is available to families for all programs.
- Families who receive [free and reduced lunch](#) are eligible for a 25% discount on school year and summer day camp program fees.
- If you need support paying summer camp deposits, please contact us at info@wisconsinyouthcompany.org.



Registering a child with Wisconsin Youth Company

Please read updated registration information before beginning registration



Home Parent Portal

Welcome to Online Registration!

- If you are already signed in through your parent portal, please scroll to the bottom of this page to register.

If you already have an account with us, please register by [logging into your Parent Portal](#).

Forgot your portal log-in information? [Have it sent to your email](#).

For new families, here are a few things to know before you start:

- -It takes about 20 minutes to complete the registration.
- -Any field with an asterisk (*) is required. If it doesn't apply, please mark N/A.
- -Payment is required to complete registration (credit card or ACH/e-check). A scholarship authorization code can be entered instead of payment.

Information you will need:

- -Enter your child's **GRADE BEGINNING FALL 2024**
- -The name, phone number, and location of the child's doctor
- -Child's complete health history, medication, and dosage
- -Child's up-to-date immunization record (access them here, <https://www.dhfs.wisconsin.gov/PR/clientSearch.do?language=en>)
- -Guardian's contact information
- -One emergency contact, email address and phone number

Please review program fees and activities on our website. If selecting multiple programs, after choosing the "select" button for each program, scroll to the bottom of the screen and choose "enroll". Additional programs and children can also be added from the summary and payments page after the initial child information page.

When you are ready with the above information, begin with the drop-down menu below:

Begin the registration process by choosing "Registration Filters" and clicking "Search"

The screenshot shows a 'Registration Filters' form with four dropdown menus and two buttons. The dropdown menus are: 'Please Select Division' (Dane County School Year), 'Please Select Category' (Madison After School), 'Please Select Center' (Chavez), and 'Please Select Grade' (Grade 2). Each dropdown menu has a red box around its header. Below the dropdowns are two buttons: 'Reset' (red) and 'Search' (teal). A red arrow points from the 'Please Select Center' dropdown to the 'Search' button.

Registering a child with Wisconsin Youth Company

Program Handbook: In order for a child to attend our programs, a family must read and agree to the Program handbook.

You have selected programs that require you to agree to a statement before being included in the registration. Select 'Yes' to agree and include the programs in registration. Select 'No' if you disagree and the program will not be included in registration.

Agreement 1 of 1

School Year 2024/25 - After School

Please review and reference the [Program Handbook](#) regarding important program policies and procedures.

Do you agree?

Yes No

[Go Back](#) [Continue](#)

Program Agreement

Program Confirmations

You have agreed to 1 of 1 program agreement that will be included in this registration.

[Go Back](#) [Continue](#)

[Cancel](#)

When filling out the rest of the registration, please note, anything that is marked with a star is a mandatory field and must be filled out. If it is not filled out, you will not be able to move on.

Registration

Registration

*The * and ★ icons indicate mandatory fields that must be filled out.*

Registering a child with Wisconsin Youth Company

Choose start date & Click Monday, Tuesday, Wednesday, Thursday, Friday. Times will automatically populate:

Requested Admission Date

mm/dd/yyyy

Day Selection

Please select the days they will be attending

<input type="checkbox"/> Monday	Arrival Time --	Departure Time --
<input type="checkbox"/> Tuesday	Arrival Time --	Departure Time --
<input type="checkbox"/> Wednesday	Arrival Time --	Departure Time --
<input type="checkbox"/> Thursday	Arrival Time --	Departure Time --
<input type="checkbox"/> Friday	Arrival Time --	Departure Time --

Registering a child with Wisconsin Youth Company

Program Questions: Scroll down and answer all program questions. When you reach the bottom of the page, click "Add to Cart" If you have left anything unanswered, it will not allow you to go forward.

Program Questions

1. Arrival: I acknowledge my child will

2. Location my child will arrive independently from (type N/A if child not arriving independently)

3. Arrival time if arriving independently (type N/A if child not arriving independently)

4. Departure: I acknowledge my child will

5. P.M. Departure Time if departing independently (type N/A if departing with authorized adult for sign-out)

Student Information

First Name

Last Name

Birthday

Address Information

Address 1

Address 2

City

State

Zip

Registering a child with Wisconsin Youth Company

Extra Information

Grade

School Attending

If Attending Other School

Consent Information

Do you provide consent for the child photograph to be released? ⓘ *

- Yes No

I agree to photo release for program site use only?

- Yes No N/A

I authorize WYC staff to apply Cutter Family Pump Spray (7% DEET) to my child as needed. ⓘ *

- I authorize I do not authorize I will provide

I authorize the use of Rocky Mountain SPF 30 sunscreen as needed for my child to self-apply to the extent possible, and WYC staff is authorized to provide assistance in applying sunscreen as needed to ensure adequate coverage. ⓘ *

- I authorize I do not authorize I will provide

Medical Information

Name of Physician

Name and Address of Medical Facility

Phone Number of Medical Facility

Registering a child with Wisconsin Youth Company

Allergy Information

Child allergic to food/milk? *

Yes No

 Details

Child has gastrointestinal or feeding concerns, including special diet or supplements? *

Yes No

 Child has gastrointestinal or feeding concerns, including special diet or supplements?

Child allergic to any medications? *

Yes No

 Details

Child have any environmental allergies? *

Yes No

 Details

Child have any other allergies? *

Yes No

 Details

Registering a child with Wisconsin Youth Company

Medical Conditions

Does child have asthma? *

Yes No

Will child have an inhaler at site? *

Yes No

 Does child have asthma?

Does your child have an epi-pen on site? *

Yes No

Does your child have Epilepsy/Seizures? *

Yes No

 Details

Has your child had chickenpox? *

Yes No

If Yes - Date

 mm/dd/yyyy

Does your child have Diabetes? *

Yes No

 Details

Child have cerebral palsy/motor disorder? *

Yes No

 Motor Issue Details

Registering a child with Wisconsin Youth Company

Does child have cognitive/learning development considerations? *

Yes No

 Does child have cognitive/learning development considerations?

Child have ADD/ADHD? *

Yes No

 ADD/ADHD Details

Does child have an Autism Spectrum diagnosis? *

Yes No

 Does child have an Autism Spectrum diagnosis?

Behavioral or mental health considerations? *

Yes No

Behavioral or mental health considerations?

 Behavior Details

Child has other conditions that may require special care? *

Yes No

Child has other conditions that may require special care?

 Other Condition Details

Registering a child with Wisconsin Youth Company

Support & Instructions

IEP or other school accommodation plan? *

Yes No

IEP or other school accommodation plan?

 Additional Support Details

Medications (prescribed and over-the-counter) your child takes regularly between the center hours. Please list the name of medication and the time of day to be administered

Yes No N/A

 Medication Details

Child has medications kept on site? *

Yes No

 Child has medications kept on site?

I have reviewed the activities of the program and feel my child can participate without restrictions *

Yes No

 If no, my child can participate with the following restrictions or accommodations

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)

 Please specify ★

Registering a child with Wisconsin Youth Company

Specify triggers that may cause problems and steps the staff should follow in response (Please type N/A if none)

 ★



When to consider that the condition requires emergency medical care or reassessment (Please type N/A if none)

 ★



When to call parents regarding symptoms or failure to respond to prescribed treatment (Please type N/A if none)

 ★



Identify any program staff to whom you have given specialized training/instructions to help treat symptoms (Please type N/A if none)

 ★



Registering a child with Wisconsin Youth Company

Immunization History: List the month/day/year your child received the relevant immunizations as required by state law. You can also submit your child's immunization record, found on the Wisconsin Immunization Registry website, to info@wisconsinyouthcompany.org.

Vaccinations	1st	2nd	3rd	4th	5th	6th
Hepatitis B	<input type="text" value="mm/dd/yyyy"/>					
Hib - Haemophilus Influenza Type B	<input type="text" value="mm/dd/yyyy"/>					
PCV - Pneumococcal Conjugate	<input type="text" value="mm/dd/yyyy"/>					
MMR - Measles, Mumps, Rubella	<input type="text" value="mm/dd/yyyy"/>					
Varicella - Chickenpox	<input type="text" value="mm/dd/yyyy"/>					
DTP Diphtheria, Tetanus, Pertussis	<input type="text" value="mm/dd/yyyy"/>					
Polio (IPV)	<input type="text" value="mm/dd/yyyy"/>					

If the child does not meet all immunization requirements select the appropriate reason

****Please note,** if you do not have your child's immunizations, you do not need to fill out this section. A member of our registration team will contact via email. If your child was born in Wisconsin, you are able to look up your child's immunization (<https://www.dhfs.wisconsin.gov/PR/logoff.do>). You can also have your child's physician email (info@wisconsinyouthcompany.org) or fax (262-547-8770) them to us.

Registering a child with Wisconsin Youth Company

Guardian Information 1

First Name

 *

Last Name

 *

Account Authorization [?](#)

 *

Relationship Type

 *

Address same as Student

Address 1

 *

Address 2

City

 *

State

 *

Zip

 *

Home Phone

Work Phone

Cell Phone

 *

Email

 *

Confirm Email

 *

Best phone number during program hours

 *

Best Address During Program Hours

 *

Registering a child with Wisconsin Youth Company

Guardian Information 2

Guardian Information is N/A

First Name

 *

Last Name

 *

Account Authorization

 *

Relationship Type

 *

Address same as Student

Address 1

 *

Address 2

City

 *

State

 *

Zip

 *

Home Phone

Work Phone

Cell Phone

 *

Email

 *

Confirm Email

 *

Best phone number during program hours

 *

Best Address During Program Hours

 *

Emergency Contact Information 1

First Name

 *

Last Name

 *

Relationship Type

Contact Group

Cell Phone

 *

Email

 *

Confirm Email

 *

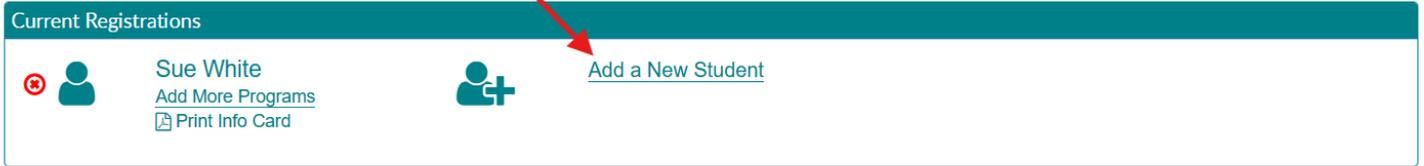
Registering a child with Wisconsin Youth Company

- Programs
- Student Information
- Guardian Information 1
- Guardian Information 2
- Emergency Contact Information 1
- Back to Top 



Registering a child with Wisconsin Youth Company

If you need to add a second child, you will need to do this before finishing the first child's registration.



The screenshot shows a user interface for managing registrations. At the top, there is a teal header bar labeled "Current Registrations". Below this, there is a list of registrations. The first entry is for "Sue White", with options to "Add More Programs" and "Print Info Card". To the right of this entry is a button with a person icon and a plus sign, labeled "Add a New Student". A red arrow points from the top of the page down to this "Add a New Student" button.

Registering a child with Wisconsin Youth Company

You will need to create a parent portal. Choose a user ID. Create a password. Confirm password. Sign digitally. Click "Confirm"

Connect Portal Account Creation Edit

Requested User Id

Requested Password

Confirm Password

Requested For Parent *

Guardian 1

Password requirements:

- Password length must be between 12 and 32 characters
- Password must not contain the user name
- Password must contain at least three of the following elements:
 - At least one uppercase letter
 - At least one lowercase letter
 - At least one number
 - At least one special character

Primary Guardian E-Signature

Secondary Guardian E-Signature

Emergency Contact Information (must be 18 years of age)

<input type="text" value="due sue"/>	<input type="text" value="N/A N/A"/>
<input type="text" value="mom mom"/>	

Continue

Registering a child with Wisconsin Youth Company

Click each circle to agree to each policy. Click "confirm"

Connect Portal Account Creation Edit

Confirmation Questions Edit

- 1. I agree to abide by all policies in the program handbook regarding payment of fees, schedule changes, and deposits.
- 2. I understand that fee credit will not be given if my child is absent from all or any portion of a confirmed program.
- 3. I understand if a program is full or canceled by Wisconsin Youth Company for any reason, registering families shall have no claim other than a full refund.
- 4. I give my consent for Wisconsin Youth to act on my behalf to obtain emergency care and treatment if deemed necessary for my child. I give permission for Wisconsin Youth staff to share pertinent information, including health information, with emergency contacts as necessary.
- 5. I give my consent for my child's participation in any field trips scheduled as part of the child's enrollment and consent for my child to be transported to and from any scheduled program activity for which transportation is provided. I understand Wisconsin Youth adheres to state licensing regulations and organization policy regarding supervision of children and transportation while on all trips.
- 6. I understand that Wisconsin Youth may contact me via text messaging for the purpose of communicating urgent information that involves my child's program. I understand that I can opt-out of this service by contacting the Wisconsin Youth Administrative Office.
- 7. I understand and agree to abide by the above policies and other Wisconsin Youth Company policies as stated in the program handbook. The handbook is available online.

Go Back Continue



Enter payment information for registration fee, Click "Complete Registration"

Payment Type

\$ Credit Card ★ ▼ 🔒 Check Unlock

Use Guardian 1 Information (1)

First Name on Card ★ 👤 First Name on Card

Last Name on Card ★ 👤 Last Name on Card

Billing Address ★ 📍 Billing Address

Billing City ★ 📍 Billing City

Billing State ★ 📍 ▼

Billing Zip ★ 📍 Billing Zip

Billing Phone 📞 Billing Phone

Billing Email ★ ✉️ Billing Email

Confirm Email ★ ✉️ Confirm Email

🔴 Go Back

Subtotal \$30.00

Amount Due \$30.00

🗑️ Clear Registration

✅ Complete Registration

Registering a child for Sponsorship with Wisconsin Youth Company

