REGISTERING A RETURNING CHILD FOR WISCONSIN YOUTH COMPANY PROGRAMS



You will need to confirm the following items in your parent portal

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- You may need to update immunization records, especially if your child is entering 1st grade
- 5. Child's Health History Information

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 "Current Families" tab



Click "Parent Portal"



<u>Tuition assistance</u> is available to families for all programs. Families who receive <u>free and reduced lunch</u> are eligible fc discount on school year and summer day camp program fees. If you need support paying summer camp deposits, ple contact us at info@wisconsinyouthcompany.org.



Enter User Name and Password. If you do not remember your information, please contact our offices, and we will be able to reset your account.



Click "Registration"

Wiscons YOUUT He school do	ance Registr	ration Auto-I	Pay	account Logo
Announcement	\$ 0.00 Make Payment	Statements	News & Info Announcement Welcome to your parent portal! .	
Attendance	31 Registration	Auto-Pay	To register for program, click on the <i>Registration</i> tab above. Please visit <u>wisconsinyouthcompany.org</u> for site-specific program information.	
Account	+[] Logout		Payments are due 5 business days prior to the start of a billing cycle. Please visit our website to view the payment calendar (located on your program's page, select the "Fees & Payment Calendar" tab near the bottom of the page): wisconsinyouthcompany.org	
			. Please be sure to keep your portal account password confidential. If you need to reset your password you can use the account link on the top right.	

Please review all information to make sure everything is up to date.



If you have additional children, you can add them at this point. You can update information on current children. You can also update current parent/guardian/contact information. Once everything is updated, click "CONFIRM INFORMATION IS CORRECT"



Add New Contact



Click "ok"

en con	firmed.		
	Messages/Warnings Your information has been o	onfirmed.	×
		ОК	
ica			

Click "REGISTRATION"



Review notes before beginning registration



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"

Registration Filters			
Please Select Division		Please Select Category	
T Dane County School Year	~	Madison After School	~
Please Select Center		Please Select Grade	
T Chavez	~	Grade 2	~
Reset Search			

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



Program Agreement

Program Confirmations

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



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.

Fill in your requested start date.

	Registration 🐈	
e * and 🚖 icons indicate mandato	ry fields that must be filled out.	
e * and 🚖 icons indicate mandato. ograms	<i>ry fields that must be filled out.</i>	

Choose your selected days. Times will automatically populate

Day Selection					
Please select the days they will be attending	ng Arrival Time		Departure Tim	ie	
Monday	0	 ~	Ø		~
	Arrival Time		Departure Tim	ie	
Tuesday	0	 ~	0		~
	Arrival Time		Departure Tim	ie	
Wednesday	0	 ~	0		~
	Arrival Time		Departure Tim	ie	
Thursday	0	 ~	Ø		~
	Arrival Time		Departure Tim	ie	
Friday	0	 ~	0		~

Answer each program question (if no answer, put n/a)

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)	
0	*
3. Arrival time if arriving independently (type N/A if child not arriving independently)	
0	*
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)	
•	*

Erica Phillips Required Fields	
First Name	Last Name
Le Erica	Phillips
Birthday	
05/12/2019	*
Jinny Phillips Required Fields	
First Name	Last Name
Linny	* Phillips *

irst Name	Last N	ame	
Richard	*	Fredin	*
mail	Confin	n Email	
n/a	*	n/a	*
iane Collins Required Fields			
Diane Collins Required Fields	Last N	ame	
Diane Collins Required Fields	Last N	ame Collins	*

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.	n
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.	1
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 or Go Back 	nline. ue

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

Payment Type		*
\$ Credit Card		
Use Guardian 1 Information (1)		
First Name on Card	Last	st Name on Card
Eirst Name on Card	*	Last Name on Card
Billing Address	Billin	ling City
Billing Address	* 9	Billing City
Billing State	Billin	ling Zip
Q	\$	Billing Zip
Billing Phone		
Silling Phone		
Billing Email	Con	nfirm Email
Billing Email	*	Confirm Email
Go Back		
		•
		Subtotal \$30.00
		Amount Due\$30.0
		Clear Registration Complete Registration

ration Saved Successfully	X
on Saved	
С	ose
where kirds throve beyond the school day!	