1. Go to mychildrens.org and select Sign Up.

2. Select Ready to Start.

3. Select I accept if you agree to the Terms and Conditions.

4. Fill out your information and select Submit.

5. An email has been sent to the email address you entered. Select the link to continue.

6. Create your password and select Continue.

7. Set up a security question. Then select Continue.

8. Select Log in to MyChildren's.

9. Enter your login details, and select Log In.

10. Select Add a Patient even if you are the patient. This connects your account to your records.

11. If you’ve received a token, select Yes, if not, select No. Then select Next.

Questions? Contact MyChildren’s Support at 617-919-4396
How to sign up for MyChildren’s Portal

If You Have a Token

12. Indicate whether or not you are the patient, then select Next.

Who is the patient?
Who is the patient you are adding to your MyChildren’s account?
- My child
- Myself

13. Enter the token and patient’s date of birth, and select Submit.

Patient Information

* Token

If the token doesn’t work, please call the MyChildren’s Support team at 617-919-4396.

If You Don’t Have a Token

12. Indicate whether or not you are the patient, then select Next.

Who is the patient?
Who is the patient you are adding to your MyChildren’s account?
- My child
- Myself

13. If you are not the patient, enter the parent information, and select Next. If you are the patient, you won’t see this screen.

Parent Information

Enter the contact information. To add a state/province, click Other.

- Address 1
- Address 2
- City
- State/Province
- Massachusetts
- Zip/Postal Code
- Country
- UNITED STATES
- Phone Number

14. Enter the patient information. Select Finish. Please call 617-919-4396 to get the medical record number (MRN) and date of visit.

Patient Information

Enter your child’s information.

* Your Child’s First Name
* Your Child’s Last Name

* Your Child’s Date of Birth
mm/dd/yyyy

Please call the MyChildren’s Support team at 617-919-4396 to get the medical record number (MRN) and date of visit.

* Medical Record Number (MRN)

* Date of Visit

Your Child’s Primary Address
- Use my address

* Address 1
* Address 2
- City
- State/Province
- Massachusetts
- Zip/Postal Code
- Country
- UNITED STATES
- Phone Number

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Please allow up to one business day to learn of your approval.