



**Richland School District One
2022 Start Strong Registration Form
Eau Claire High School**



Student's Name: _____ Grade: _____

Gender: _____ Male _____ Female Student ID: _____

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Please initial and sign:

_____ My child **will attend** the Start Strong Summer Program.

_____ My child **will not attend** the Start Strong Summer Program.

Parent's Signature

Date

Student's Signature

Date

+++++
Parent/Guardian Name: _____

Address: _____

City, State and Zip Code: _____

Telephone: (H) _____ (W) _____ (C) _____

+++++
Emergency Contact Name: _____ Relationship: _____

Address: _____

Telephone: (H) _____ (W) _____ (C) _____

In the event of an emergency, my preferred hospital is: _____

+++++
Does the child have any medical or physical problems that we should know about?

_____ Yes _____ No

If yes, please explain: _____

Does the student take medication? _____ Yes _____ No If yes, please list: _____

+++++
Arrival Procedures:

_____ Bus Rider/Bus # _____ _____ Car Rider _____ Walker

Dismissal Procedures:

_____ Bus Rider/Bus # _____ _____ Car Rider _____ Walker