



# Blochman Union School District

## BENJAMIN FOXEN ELEMENTARY SCHOOL

4949 Foxen Canyon Road  
Santa Maria, CA 93454

(805) 937-1148 ☐ FAX (805) 937-2291

### Summer Enrichment Program Enrollment Form

#### Student Information (PLEASE PRINT)

Full Legal Name: \_\_\_\_\_ Gender: M or F

Current (as of May 2026) Grade Level: Pre-K 1 2 3 4 5 6 7 8 DOB: \_\_\_\_\_

Home Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

#### Health Information

Other Family Members attending Summer school: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Best Contact Phone: \_\_\_\_\_ Alternate Contact Phone: \_\_\_\_\_

Alt. Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Best Contact Phone: \_\_\_\_\_ Alternate Contact Phone: \_\_\_\_\_

Does your child currently have an IEP? Y or N

Health Problems or Concerns: Y or N If yes, describe below any vision, hearing difficulties, diabetes, asthma, seizure disorder, allergies, activity restrictions, orthopedic problems, mental health/emotional concerns, or special health procedures that will need to be carried out during regular Summer School hours: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is your child currently taking medication at home/school Y or N

Name of medication(s)/may attach a separate paper if necessary: \_\_\_\_\_  
\_\_\_\_\_

Is your child allergic to anything? Y or N If yes, please describe: \_\_\_\_\_

\*Will your child need medication during Summer School hours? Y or N

**If yes, child must have a medical form on site. My child currently has a medical form in the office:  
Y or N**

Name and phone number of child's physician(s) \_\_\_\_\_  
Hospital Preference: \_\_\_\_\_

*Name an alternate authorized person, or the named physician. If it is impossible to contact me, authorized persons, or the physician, the school personnel may make emergency arrangements as necessary to care for my child.*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Additional Authorized Persons to Pick up my Child:**

1. **Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_  
Best Contact Phone: \_\_\_\_\_ Alternate Contact Phone: \_\_\_\_\_
2. **Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_  
Best Contact Phone: \_\_\_\_\_ Alternate Contact Phone: \_\_\_\_\_
3. **Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_  
Best Contact Phone: \_\_\_\_\_ Alternate Contact Phone: \_\_\_\_\_

**The following person(s) MAY NOT pick up my child:**

1. **Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_
2. **Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Please be sure to read the Student Parent Handbook and sign the Parent Agreement Form and submit with your enrollment forms. (If you've already signed one for the 25/26 school year, you do not need to sign another one.)**

By signing below I am enrolling my child into the Blochman Summer Enrichment Program provided from 8:30am-5:30pm M-F from June 15, 2026 through July 17, 2026 (No school on 6/19/25 and 7/3/26.) I understand that it is important for my child to attend daily for the best possible outcome and experiences. If I have questions or concerns, I may reach out to the Site Coordinator or School Principal.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Need Transportation? Y N \*The bus must be loaded at First Christian on Battles Rd by 7:55am, no exceptions, and will return approx. 4:45-5pm to the same location.

Signed Parent Agreement Form? Y N