



Blochman Union School District

BENJAMIN FOXEN ELEMENTARY SCHOOL

4949 Foxen Canyon Road
Santa Maria, CA 93454

(805) 937-1148 ☐ FAX (805) 937-2291

After School Enrichment Program Enrollment Form

Student Information (PLEASE PRINT)

Full Legal Name: _____ Gender: M or F

Current (as of August 2026) Grade Level: TK K 1 2 3 4 5 6 7 8 DOB: _____

Parent/Guardian: _____ Relationship: _____

Cell Phone: _____ Work Phone: _____

Email: _____

Parent/Guardian: _____ Relationship: _____

Cell Phone: _____ Work Phone: _____

Email: _____

Other Family Members attending After school: _____

Does your child currently have an IEP? Y or N

Health Information

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 After 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

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: _____

By signing below I am enrolling my child into the Blochman After School Enrichment Program provided until 5:30pm M-F beginning the first day of school, August 20, 2026, and runs until the last day of school, June 16, 2027. I understand that it is my responsibility to provide transportation from the school site at the end of the day, and 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 Ms. Bertram at 805-937-1148 ext 122 or email jbertram@blochmanusd.org

Parent Signature: _____ Date: _____

*You may enroll your child at any time during the school year.

The ELO Program questions, completed forms and contact information should be directed to Ms. Bertram at jbertram@blochmanusd.org or by calling 805-937-1148 ext 122.