



# 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 2025) 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 14, 2025, and runs until the last day of school, June 10, 2026. 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 the Site Coordinator or School Principal.

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

\*You may enroll your child at any time during the school year. Please contact Jennifer Bertram, Site Coordinator, for arrangements during the school year, if necessary. 805-937-1148 Ext 122 or [jbertram@blochmanusd.org](mailto:jbertram@blochmanusd.org)