



Blochman Union School District

BENJAMIN FOXEN ELEMENTARY SCHOOL

4949 Foxen Canyon Road
Santa Maria, CA 93454
(805) 937-1148 ☐ FAX (805) 937-2291

ELO Intercession Program Enrollment Form

Student Information (PLEASE PRINT)

Full Legal Name: _____ Gender: M or F

Current 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: _____

Health Information

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 Intercession 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 the Intersession 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

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:** _____

I am enrolling my child for the following intersession dates: (you may choose more than one intersession program or enroll for the later dates another time)

_____ **January 6-9, 2026 (T-F) (Winter Break)-Not Monday!**

_____ **April 7-10, 2026 (T-F) (Spring Break)-Not Monday!**

By signing below I am enrolling my child into the Blochman ELO Intersession Program(s) provided from 8:30am-5:30pm each date listed above. 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: _____

Will need Bus Transportation? Y N *Bus must be loaded at First Christian on Battles Rd by 7:55am, no exceptions, and will return around 5pm to the same location.