



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 2024) 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 23/24 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 17, 2024 through July 12, 2024 (No school on 6/19/24 and 7/4/24.) 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 *Bus must be loaded at First Christian on Battles Rd by 7:55am, no exceptions, and will return approx. 4:30pm to the same location.

Signed Parent Agreement Form? Y N (program it was signed for : ASP or Intersession)