



Registration Form Sibshops®

Children's Sibshops for brothers and sisters of children with special needs
Please check the dates you would like your child to attend

SUDBURY	
<u>For Brothers and Sisters</u> <u>Ages 6 to 9</u>	<u>For Brothers and Sisters</u> <u>Ages 10 to 13</u>
<input type="checkbox"/> September 13, 2008 (9am to 1pm)	<input type="checkbox"/> November 15, 2008 (9am to 1pm)
<input type="checkbox"/> January 17, 2009 (9am to 1pm)	<input type="checkbox"/> February 14, 2009 (9am to 1pm)
<input type="checkbox"/> March 28, 2009 (9am to 1pm)	<input type="checkbox"/> May 23, 2009 (9am to 1pm)

ESPANOLA	
<u>For Brothers and Sisters</u> <u>Ages 6 to 9</u>	<u>For Brothers and Sisters</u> <u>Ages 10 to 13</u>
<input type="checkbox"/> October 18, 2008 (9am to 11am)	<input type="checkbox"/> October 18, 2008 (12pm to 2pm)

CHAPLEAU	
<u>For Brothers and Sisters</u> <u>Ages 6 to 9</u>	<u>For Brothers and Sisters</u> <u>Ages 10 to 13</u>
<input type="checkbox"/> April 18, 2009 (9am to 11am)	<input type="checkbox"/> April 18, 2009 (12pm to 2pm)

Child's name	
Child's age	
Parent(s) Name(s)	
Home Phone number	

There will be a \$10 registration fee for each Sibshop® session.

If you would like your child to be considered for a scholarship, please check here:

To register for the above, please call 525-0055 (1-877-996-1599) or fax this registration form to 525-0068. You can also mail a completed registration form to:

Child Care Resources
Sibshop Registration
662 Falconbridge Road
Sudbury ON P3A 4S4

Additional registration forms and information are available by calling (705) 525-0055. Registration forms are also available online at www.childcare.on.ca/sibshops



Sibshop Information Form

(This information form must be completed for all who wish to participate in Sibshops during the upcoming school year, even those who have participated in prior years.)

DATE		
Child's name		
Date of Birth		
Age		Male <input type="checkbox"/> Female <input type="checkbox"/>

Has your child ever attended a Sibshop before? yes no

If yes, where? _____

School: _____ Grade: _____

Parent(s) Name(s): _____

Home address: _____

City: _____ Postal Code: _____

Home phone: _____

Alternate phone: _____

Name of brother or sister with special needs: _____

Birth date: _____ Age: _____ Gender: _____

School: _____

Name or description of disability or health concern:

What kind of related special education services (eg., speech, occupational or physical therapy, counselling, etc.) does this child receive:

Other siblings:

Name	Age	Gender

What do you hope your child will gain from our Sibshops? Are there any particular topics you would like addressed?

Does your enrolled child have any special needs, food allergies, or other health restrictions of their own that we should know about?

Please provide any other information that you feel would make Sibshops a more enjoyable and educational experience for your child:

Would you like your name placed on a list to be distributed to siblings and their families?

yes no

Would you like your number included? yes no

Comments:

I hereby give my child permission to participate in Sibshops. I also agree to hold Child Care Resources harmless for any and all liability incurred as a result of my child's participation.

Signature

Date

Please note there is a \$10 registration fee for each Sibshop session.

Would like your child to receive scholarship assistance? yes no Amount requested \$_____

Please return with \$10 payment to:

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Visit the Sibling Support Project web site at www.siblingsupport.org On the web page, you can join SibKids, a no-cost listserv for sibs of kids with special needs and meet brothers and sisters from around the world!