



**REGISTRATION**

Child's Name \_\_\_\_\_ Date \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

School \_\_\_\_\_

Parent(s) Name(s) \_\_\_\_\_

Home Address \_\_\_\_\_

\_\_\_\_\_ Home Phone \_\_\_\_\_

Does your child participating in **SIBSHOPS** receive any special services (e.g. counseling, speech/language therapy, special education)?  Yes  No

\_\_\_\_\_  
Name of Sibling with Special Needs \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

School \_\_\_\_\_

Nature of Disability of Illness \_\_\_\_\_

What kind of related special education services (e.g. speech, occupational or physical therapy, counseling) does your child with Special Needs receive?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Names of Other Siblings \_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What are your reasons for enrolling your child in **SIBSHOPS**?

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Do you have any concerns about enrolling your child in **SIBSHOPS**?

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Do you have any particular topics that you would like addressed during **SIBSHOPS**?

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Does your child have any allergies or restrictions?

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Please provide any additional information that you feel will make this an enjoyable and educational experience for your child.

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I am interested in having my child participate in the **SIBSHOPS** at \$100 for four sessions.

Amount Enclosed \$ \_\_\_\_\_

Credit Card Number \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Visa/MC (*Please circle*)

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

