

Sibshops Registration Form



This form must be completed for all who wish to participate in Sibshops. Please complete, sign, and return to: Carol Baab, PO Box 78, Green OH 44232.

I am enrolling my child for the Sibshops for brothers and sisters of children with special developmental and/or learning needs and/or special health needs.

Please indicate which Saturday session(s) you would like to register your child in 2018; all programs are held from 10:30 am to 1:30 pm.

- | | | | |
|--------------------------------------|--------------------------------------|--------------------------------------|------------------------------------|
| <input type="checkbox"/> January 13 | <input type="checkbox"/> February 10 | <input type="checkbox"/> March 10 | <input type="checkbox"/> April 14 |
| <input type="checkbox"/> May 12 | <input type="checkbox"/> June 9 | <input type="checkbox"/> July 14 | <input type="checkbox"/> August 11 |
| <input type="checkbox"/> September 8 | <input type="checkbox"/> October 20 | <input type="checkbox"/> November 10 | No December event |

(Please Print)

Date: _____

Child's Name: _____

Birth Date: _____ Age: _____ Gender: _____

School: _____ Grade: _____

Parent(s) Name(s): _____

Home Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Primary Phone: () _____

Emergency Phone: () _____

Where you can be reached in case of an emergency during Sibshops

Please list any food allergies, special needs, or other health restrictions that we should know about your enrolled child.

Has your child ever attended a Sibshops before? Yes No

If yes, where? _____

Where did you hear of Green Sibshop? _____

Name of brother or sister with special needs: _____

School: _____ Age: _____ Gender: _____

Name or description of disability or health concern: _____

What kind of related special education services (e.g. speech, occupational or physical therapy, counseling, etc.) does the sibling with special needs receive?

Please complete reverse side.

Please list other siblings:

Name:	Age	Gender

What do you hope your child will gain from our Sibshop?

Are there any particular topics you would like addressed?

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 contact list to be distributed to families of other Sibshops participants?

Yes

No

Would you like your phone number included?

Yes

No

The following people are authorized to pick up my child from Sibshops at Greensburg United Methodist Church, 2161 Greensburg Road, North Canton, OH 44720 (Located in Green):

Name	Relationship	Phone Number

Persons authorized to pick up my child must show a valid state photo ID or driver's license, every time. This is to ensure the safety of my child.

I hereby give my child permission to participate in Sibshops. I authorize emergency medical treatment as deemed necessary by staff and/or medical professionals. I also agree to release and hold Greensburg UMC, its staff, and volunteers harmless for any and all liability incurred as a result of my child's participation.

(Signature of parent or guardian)

Date: _____

I grant full permission to use any photographs, videotapes, recordings or any other record of this program for the purpose of education and promotion of Sibshops, according to the church's Safe Sanctuary Policy.

(Signature of parent or guardian)

Date: _____