



2016/'17 Sibshop Information Form

- I am enrolling my child for the Sibshop for brothers and sisters of children with special brain-based and/or learning needs (ADHD, ASD, Down Syndrome, cognitive disability, mental health issues, etc.).

Date Completed: _____ Participating Child's Name: _____

Birthdate: _____ Age: _____ Gender: ___ M ___ F

School: _____ Grade in 2016-'17 school year _____

Has your child ever attended a Sibshop before: Yes No

If yes, where? _____ When was the last one? _____

Parent(s) Name(s): _____

Home address: _____ City: _____

Zip: _____ Email address: _____

Home phone: (_____) _____ Cell phone: (_____) _____

Name of brother or sister with special needs: _____

Birthdate: _____ Age: _____ Gender: ___ M ___ F

School: _____ City: _____

Name or description of disability or neurological difference: _____

| Other Sibling's Name: | Age: | Gender: |
|-----------------------|------|---------|
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What do you hope your child will gain from our Sibshop? Are there any particular topics you would like to address? _____

Does your enrolled child have any special needs, food or latex allergies, or other dietary/health restriction 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: _____

I hereby give my child permission to participate in Sibshops. I also agree to hold Good Friend, Inc., harmless for any and all liability incurred as a result of my child's participation. Further, I grant full permission to use any photographs, videotapes, recordings, or any other record of this program (without names) for the purpose of education and promotion of Sibshops.

Name: _____ Date: _____

Signature of Parent or Guardian _____

Signature of Sibshops Facilitator _____ Date: _____

Which workshops are you signing up for? (All events are on Saturday morning from 9 a.m. until noon and include a snack. Location: Easter Seals, Lily Works Catering, 505 Northview Rd., Waukesha

- Sept. 10 Oct. 1 Nov. 5 Dec. 10 Jan 7 Feb. 4 Mar. 4
 April 1 May 6

Registration fee is \$18 per workshop (or three workshops for \$50, \$15 for subsequent children, and \$40 for three.

Fee is to cover the cost of snacks and materials. Space is limited. If the registration fee is a hardship, please contact Denise (262-391-1369, denise@goodfriendinc.com) to see what arrangements can be made. (If you are participating in the County Waiver, they have approved funding for Sibshops, contact your case worker)

Make checks payable to **Good Friend, Inc.**

- OR -

Bill my credit card (circle one: MasterCard Visa Discover)

Name on card _____ Billing Zip Code _____

Number _____ Expires on _____

3-digit CSC on back _____

Optional donation for Good Friend Sibshop Scholarship Fund = \$ _____

Mail to Good Friend, Inc. / attn: Denise Schamens / 407 N. Grand Ave. / Waukesha, WI 53186
or **email** as a PDF to denise@goodfriendinc.com, or **fax** to 262-436-2101.

Would you like your name placed on a list to be distributed to siblings and their families? Yes No
Comments: _____

Would you be interested in participating in an hour-long, topic-based caregiver session during Sibshops?

- Yes No If yes, would that work best during the first hour or last hour of the Sibshop?
(check both, if either would work for you) 9-10 a.m. 11 a.m. - noon

Would you need childcare in order to participate? Yes No

If yes, would that include for your child with neurological differences? Yes No