



REGISTRATION FORM

I would like to enroll my child in the following Sibshop:

Sibshops are designed especially for brothers and sisters of children with disabilities or special health concerns.
10am-2pm at Mad Anthony's Children Hope House

Please check the dates you would like your child to attend:
Each SibShop targets a specific age group. Children are allowed to attend multiple SibShops.

- February 20th
- May 15th
- August 21st
- November 20th

*Cost per Sibshop: \$10 (includes lunch)

Child's Name: _____

Child's Age: _____ Birth Date: _____ Gender: _____

Total amount enclosed: \$_____.

*Please make checks or money orders payable to Lutheran Hospital.
Registration fees are nonrefundable. Scholarships available upon request.

T-shirt Size: Child Medium (10/12) Child Large (14/16) Adult Small

Parent(s) Name(s): _____

Home address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Alternate Phone :(____) _____

Has your child ever attended a Sibshop before?: Yes No

If yes, Where? _____

School: _____ Grade: _____

***Please see reverse side!**

Name of brother or sister with special needs: _____
 Child's Age: _____ Birth Date: _____ Gender: _____
 School: _____
 Name or description of disability or health concern:

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 restriction of their own that we should know about?

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

Please return form and payment to:
 Lutheran Children's Hospital (Pediatrics)
 Attn: Emily Enockson, CCLS
 7950 W. Jefferson Blvd.
 Fort Wayne, IN 46804

Additional registration forms and information are available by calling Emily at (260) 435-6207. Or visit the Sibling Support Project web site at www.siblingsupport.org.



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