



REGISTRATION FORM

Sibshops are designed especially for brothers and sisters of children with disabilities/special health concerns.

Held at **Mad Anthony's Children's Hope House**, on Lutheran Hospital Campus. Children are encouraged to attend all/multiple Sibshops.

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

Groups:	Grade school (7-12 yrs.) *	10am - 2pm
	Jr. high/middle school	NO COST 12pm - 3pm
	High school	NO COST 2pm - 4pm

Please circle the dates you would like your child to attend:

- January 20th, 2018
- February 17th, 2018
- **Teens Only, March 17th, 12-4pm**
- April 21st, 2018
- September 15th, 2018
- October 20th, 2018
- November 17th, 2018

*Cost per Sibshop: \$10 (includes lunch and T-shirt)
\$ 5 Returning Siblings (no T-shirt)

Child's Name: _____

Child's Age: _____ Gender: _____

Parent(s) Name(s): _____

Home address: _____

City: _____ State: _____ Zip: _____

E-mail Address: _____

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

*Total amount enclosed: \$_____. (Grade school group)

Please make checks or money orders payable to Easterseals Arc. Registration fees are non-refundable. Scholarships available upon request.

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

(Please circle one if wanting a T-shirt)

Has your child ever attended a Sibshop before? Yes No

If yes, where? _____

School: _____ Grade: _____

Name of brother or sister with special needs: _____

Child's Age: _____ Gender: _____

School: _____

Name or description of disability or health concern. _____

For the grade school Sibshop kids. (No need to complete for other groups.)

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 educational experience for your child:

Please return form and payment to:
Easterseals Arc, Attn: Ashley Gettys
4919 Coldwater Road
Fort Wayne, IN 46825
260-456-4534 ext. 279

Additional registration forms and information are available by visiting

www.eastersealsarcnein.org or www.lutheranchildrens-hosp.com

For more information: Sibling Support Project www.siblingsupport.org



**Lutheran
Health Network**
Lutheran Children's Hospital

Lutheran Hospital is owned in part by physicians.



Northeast Indiana