



# 2018/'19 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 2018-'19 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:

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., and ARCh 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: ARCh, 419 Frederick St., Waukesha**  **Sept. 8**  **Oct. 6**  
 **Nov. 3**  **Dec. 1**  **Jan. 12**  **Feb. 2**  **Mar. 2**  **Apr. 6**  **May 4**

Registration fee is \$18 per workshop (or three workshops for \$50). In the same household, \$16 per workshop for additional children, and \$45 for three workshops. No discounts for those families using third-party payers.

You do not have to sign up for all events at once, but know that we require registration at least **a week before** an event for proper planning. No on-site registrations will be accepted.

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](mailto:denise@goodfriendinc.com)) to see what arrangements can be made.

If you are participating in the CLTS Waiver administered by the County, and your child's case manager has approved funding for Sibshops, please list his/her name and contact info here:

Name: \_\_\_\_\_ Title/Agency: \_\_\_\_\_

Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

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 / 21005 Watertown Rd., Ste. D / Waukesha, WI 53186 or **email** as a PDF to [denise@goodfriendinc.com](mailto: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 a topic-based "Families Facing the Future" caregiver session during Sibshops? (All caregiver sessions will be held from 10:30 a.m. - noon at ARCh.)  Yes  No

If yes, which dates?  **Sept. 9**  **Nov. 3**  **Jan. 12**  **Mar. 2**  **May 5**