



REGISTRATION FORM

For use any time during the 2014-2015 school year!

Children's Sibshops for brothers and sisters of children with special health care needs and disabilities

<p style="text-align: center;"><u>For Brothers and Sisters</u> <u>ages 5 to 8</u></p> <p>Please check the dates you would like your child to attend:</p> <p><input type="checkbox"/> September 20, 2014 <input type="checkbox"/> November 15, 2014 <input type="checkbox"/> January 17, 2015 <input type="checkbox"/> March 21, 2015</p> <p>Cost per Sibshop: \$6 (includes snack) or \$20 for all 5 sessions - 1:00 pm to 4:00 pm</p>	<p style="text-align: center;"><u>For Brothers and Sisters</u> <u>Ages 9 to 13</u></p> <p>Please check the dates you would like your child to attend:</p> <p><input type="checkbox"/> October 18, 2014 <input type="checkbox"/> December 20, 2014 <input type="checkbox"/> February 21, 2015 <input type="checkbox"/> April 18, 2015</p> <p>Cost per Sibshop: \$6 (includes snack) or \$20 for all 5 sessions - 1:00 pm - 4:00 pm</p>
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Child's name: _____

Child's age: _____

Home Phone number: (_____) _____ Email: _____

Total amount enclosed: \$ _____. Please make checks or money orders payable to Oklahoma family network.

I would like to request scholarship assistance. Yes No Amount requested \$ _____

=====Clip and Save the Dates!=====

<p><u>Sibshops for Brothers and Sisters ages 5 to 8</u></p> <p>We've registered for the following dates</p> <p><input type="checkbox"/> September 20, 2014 <input type="checkbox"/> November 15, 2014 <input type="checkbox"/> January 17, 2015 <input type="checkbox"/> March 21, 2015</p> <p>Cost per Sibshop: \$6 (includes snack) or \$20 for all 4 sessions (payable to OFN)</p>	<p><u>Sibshops for Brothers and Sisters ages 9 to 13</u></p> <p>We've registered for the following dates</p> <p><input type="checkbox"/> October 18, 2014 <input type="checkbox"/> December 20, 2014 <input type="checkbox"/> February 21, 2015 <input type="checkbox"/> April 18, 2015</p> <p>Cost per Sibshop: \$6 (includes snack) or \$20 for all 4 sessions (Payable to OFN)</p>
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- What:** Sibshops are for brothers and sisters of children with special health care needs or disabilities
- Where:** Happy Hands Education Center- 8801 S. Garnett- Broken Arrow, 74012- The building is off the Creek turnpike, 91st to Garnett, turn right and the building is on the right hand side.
- When:** 1:00 pm to 4:00 pm for Age group 5-8 & age group 9-13
- Regrets:** If you can't make a Sibshop that you have registered for please call (918) 227-1797 or email Lora Roberts @ blondie4203@yahoo.com
- Parking:** You can park in the front of the building, bring your child into the lobby and I will collect children.

SIBSHOP INFORMATION FORM 2014-2015 SCHOOL YEAR

(This information form must be completed for *all* who wish to participate in Sibshops during the 2013-2014)

I am enrolling my child for the Sibshop for brothers and sisters of children with *special health care needs or disabilities.*

Date: _____

Child's name: _____ Birth date: _____ Age: _____ Gender: _____

School: _____ Grade: _____

Parent(s) name(s): _____

Home address _____

City: _____ State: _____ Zip: _____

Email: _____

Home phone: (_____) _____ Alternate phone: (_____) _____

Name of brother or sister with special needs: _____

Birth date: _____ Age: _____ Gender: _____ School: _____

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 this child receive?: _____

Other Siblings:	<u>Name</u>	<u>Age</u>	<u>Gender</u>
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_____	_____	_____	_____
_____	_____	_____	_____

What do you hope your child will gain if he or she registers for a 2014-2015 Sibshop? Are there any particular topics you would like addressed?

Does your enrolled child have any special needs, food allergies or other health restrictions 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 The Oklahoma Family Network and Happy Hands Education Center 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 for the purpose of education and promotion of Sibshops and Happy Hands.

Signature of Parent or Guardian

Date: _____

Please make check payable to Oklahoma Family Network and return with Registration form to:

**Lora L. Roberts, Tulsa Sibshops
2 N. Moccasin Place
Sapulpa, OK 74066**

Additional registration forms or info: contact Lora at blondie4203@yahoo.com

Learn more about Sibshops by visiting the Sibling Support Project Website at <http://www.siblingsupport.org>. On the webpage, your kids can join SibKids, a listserve for sibs of kids with special health care needs or disabilities and meet brothers and sisters from around the world

