



WarmLine Family Resource Center
Sibshop Registration Form

All information on this form is confidential

Sibshops for siblings age 7-12 years old of children with special needs. Please check the sessions you would like to attend. Priority will be given to participants who have not attended a Sibshop previously. All sessions will run from 10:00 - 12:30. Cost is \$10 per participant, per session.

- June 20, 2009 at Pannell Community Center, 2450 Meadowview Road, Sacramento
August 22, 2009 at Pannell Community Center, 2450 Meadowview Road, Sacramento
September 26, 2009 at So. Natomas Community Center, 2921 Truxel Road, Sacramento
October 24, 2009 at So. Natomas Community Center, 2921 Truxel Road, Sacramento
November 14, 2009 at Lakeside Church, 745 Oak Ave. Parkway, Folsom

Total amount enclosed (\$10 per Sibshop session):
Please make checks payable to WarmLine Family Resource Center. Registration fees are nonrefundable. Payment must accompany registration.

- I would like to request scholarship assistance: Y N Amount requested:
I would like to make a donation to help support WarmLine's Sibshops: Y N
Amount Enclosed:

Registration Date:

Participant's Name: Date of Birth: Age: M / F
School: Grade:

Parent/Guardian Name(s):
Home Address: City/State/Zip Code:
Home Phone: Other Phone:

Name of Brother or Sister with Special Needs:
Date of Birth: Age: M / F Name of Disability or Illness:

School: Grade:

What kind of related special education services (e.g., speech, occupational, physical therapy, counseling) does this child receive?:

Please list any other siblings:

Name	Date of birth	Age	M /F
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Has your child attended any previous Sibshops? Y/ N If yes, when? _____

What do you hope your child will gain from attending a Sibshop? _____

Are there any particular topics you would like addressed? _____

Please provide any other information that you feel will make this an enjoyable and educational experience for your child: _____

Would you like your participant's name and phone number placed on a list to be distributed to siblings and their families? ___ Y ___ N

Does your child (who is participating in Sibshops) have any food allergies or other health restrictions of their own that we should know about? _____

Alternate person(s) who have permission to pick up child after the workshop:
Name: _____ Relationship: _____
[Without this information, your child will not be released to anyone other than a parent.]

I hereby give my child permission to participate in Sibshop(s). I also agree to hold WarmLine Family Resource Center (directors or employees and their contracted staff including any other volunteer, organizer, sponsor, or supervisor connected with the program) harmless for any and all liability incurred as a result of my child's participation. Further, I grant full permission to use any photographs, video or audio recordings or any other record of this program for the purpose of education and promotion of Sibshops.

Signature of parent or guardian -----
Date

Please return this form with your check made out to:
WarmLine Family Resource Center for \$10 per participant per Sibshop session.

Mail to:
WarmLine Family Resource Center, 2035 Hurley Way, Suite 250, Sacramento, CA 95825
Attention: Cid Van Koersel