



WarmLine Family Resource Center Sibling Workshop Registration Form



All information on this form is confidential

Sibling Workshop for siblings of children with special needs. Space is limited.

Please check the workshop(s) for which your child is registering.

	Date	Time	Location	Sibling Age Grps
<input type="checkbox"/>	Saturday March 3	1:30-4:30 pm	Southgate Library 6132 66th Ave., Sacramento	7-10 years
<input type="checkbox"/>	Saturday March 24	10:30-2:30 pm	Arden Dimick Library 891 Watt Ave., Sacramento	11-13 years
<input type="checkbox"/>	Saturday May 5	10:30-2:30 pm	No. Natomas Library 4660 Via Ingloia, Sacramento	14-18 years
<input type="checkbox"/>	Saturday May 12	1:30-4:30 pm	Southgate Library 6132 66th Ave., Sacramento	7-10 years
<input type="checkbox"/>	Saturday June 2	10:00-11:30 am Due to popular request, the session from 10:00-11:30 am will be devoted to disaster preparedness. The "Feeling Safe/Being Safe" training teaches how to create a personalized safety plan during an emergency & learn ways to connect with community members. Attendance to the training is required in order to attend the Sibling Workshop that day. For more information about the disaster preparedness training, please email Angie Rivera at angbob@prodigy.net 11:30-2:30 pm Sibling Workshop 11:30-2:30 pm Sibling Workshop	UC Davis MIND Institute 2825 50th St., Sacramento	11-18 years 11-13 years 14-18 years
<input type="checkbox"/>	Saturday June 30	10:30-3:30 pm	Rancho Cordova Library 9845 Folsom Blvd., Sacramento	14-18 years

WarmLine Family Resource Center
Sibling Workshop Registration Form

Registration Date: _____

Participant's Name: _____

Date of Birth: _____ Age: _____ M / F

School: _____ Grade: _____

Parent/Guardian Name(s): _____

Home Address: _____

Street

City

State

Zip Code

Home Phone: _____ Other Phone: _____

Email Address: _____

Add to WarmLine Email List? ___ Y ___ N

1. Name of Brother or Sister with Special Needs: _____

2. Date of Birth: _____ Age: _____ M / F

3. Disability or Illness: _____

4. School: _____ Grade: _____

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

6. Please list any other siblings:

Name	Date of birth	Age	M / F
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

7. Have you previously discussed having a sibling with special needs with your child? ___ Y ___ N

8. Does your child know his/her siblings diagnosis? ___ Y ___ N

9. Has your child attended any previous Sibling Workshops? ___ Y ___ N

If yes, when? _____

10. What do you hope your child will gain from attending a Sibling Workshop?

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

12. Does your child (who is participating in the Sibling Workshop) have any food allergies or other health restrictions? _____

13. 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 would like to make a donation to help support WarmLine's Sibling Workshops:

Amount Enclosed: _____

*Sibling Workshops have been made possible by a generous grant from
UC Davis MIND Institute's Center for Excellence in Developmental Disabilities (SEDD).*

I hereby give my child permission to participate in Sibling Workshop(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.

Signature of parent or guardian

Date

Please mail this form to:
WarmLine Family Resource Center
2025 Hurley Way, Suite 100, Sacramento, CA 95825
Attention: Cid Van Koersel

Or by email: Cid@warmlinefrc.org (subject: Sibling Workshop Registration)

Or fax to: 916.922.9341
Attention: Cid Van Koersel