Anne Carlsen
Nurturing abilities. Changing lives.

SIBSHOPS REGISTRATION FORM

(This information form must be completed for all who wish to participate in Sibshops)

(Please print)

Date: _____

Child's Name: _____

Birth date: _____ Age: _____ Gender: _____

Grade: _____ School: _____

Parent(s) Name(s): _____

Home Address: _____

Home Phone: _____ Alternate phone: _____

Name of brother or sister with special needs: _____

Birth date: _____ Age: _____ Gender: _____

Name or description of disability or health concern: _____

What kind of related special education services (e.g. speech, OT, PT, counseling, etc.)

_____

_____

_____

Other Siblings

Name: _____ Age: _____ Gender: _____

Name: _____ Age: _____ Gender: _____

Name: _____ Age: _____ Gender: _____

What do you hope your child will gain from our Sibshops? Are there any particular topics you would like to address?

_____

_____

_____

Does your enrolled child have any special needs, food allergies, or other health restrictions of their own that we should know about?

_____

_____

_____

Would you like your name placed on a list to be distributed to siblings and their families? ☐ Yes ☐ No

Would you like your phone number included? ☐ Yes ☐ No

Are you in need of scholarship to assist with paying for Sibshop? ☐ Yes ☐ No
Statement of Need:

_____

_____

_____

Are you interested in contributing to a scholarship fund for Sibshop? ☐ Yes ☐ No

A Fee of $10 per child is required to pay for the cost of snack and activity supplies. Please make checks payable to Anne Carlsen. Registration form, waivers and payment can be sent to local facilitator.

***Payment must be received no later than the day of the workshop.**

Nurturing abilities. Changing lives.

Sibshops – Liability Waiver/Informed Consent Form

I _____ have enrolled my child(ren) in the Sibshops offered through the Anne Carlsen in Jamestown ND.

I acknowledge that my child(ren)'s enrollment and participation is voluntary and in no way mandated by Anne Carlsen.

In consideration of my child(ren)'s participation in this program, I _____, hereby release Anne Carlsen and its agents, from any claims, demands, and causes of action to myself or my child as a result of my child(ren)'s voluntary participation and enrollment in the support group.

Child(ren's) name: _____

_____

I HEREBY AFFIRM THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE STATEMENTS.

Participant Signature: _____

Date: _____

Sibshops - Permission to Use Videotape or Photograph

I hereby consent and authorize the Anne Carlsen Sibshop Program to use photographs or videotapes of myself, or child(ren) to be used for team meetings, to be shared with other assessment and/or intervention partners, for supervision, as parts of professional development, newsletter and or Anne Carlsen website, etc..

Video and or pictures will only be used with your consent for specific purposes mentioned above.

Prior to use, parents will have information on who, why and what will be videotaped and/or photographed and how videos and photographs might be used.

I hereby release the Anne Carlsen Sibshop Program and its employees from any liability, claim, demand or suit or action whatsoever for the above uses of the same.

Child(ren)'s name(s): _____

Parent Name: _____

Parent Signature: _____

Date: _____