



SIBSHOP REGISTRATION 2023-24

This information form must be completed for all who wish to participate in Sibshops during the upcoming school year, even those who have participated prior years.

Date: _____

Child's name: _____

Birth date: _____ Age: _____ Gender: _____

School: _____ Grade: _____

Parent(s) Name(s): _____

Home address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Cell: _____

Email: _____

Name of brother or sister with special needs: _____

Birth date: _____ Age: _____ Gender: _____

School: _____

Name or description of disability or health concern: _____

Other Siblings:

Name	Age	Gender
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_____	_____	_____
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_____	_____	_____
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_____	_____	_____
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May we share your child's contact information with other participating families?

Yes _____ No _____

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

Lunch/snack will be served 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:

As legal guardian, I hereby give permission for my child to participate in Sibshops. I will not hold ESC of Lake Erie West responsible for any liability incurred during or as a result of my child's participation. Further, I permit ESC of Lake Erie West to use any photographs, video recordings, or any other record of this program for the purpose of education and promotion.

Date: _____

Signature of Parent or Guardian