



Community Options
FOR CHILDREN AND FAMILIES



SIBSHOPS REGISTRATION

To help us meet your needs, please provide the following information and return to Calea Lampard, Family Support Services Coordinator, clampard@communityoptions.bc.ca. The completed form may also be faxed to 250-389-1110; or dropped off at the Community Options office at 830C Pembroke Street in Victoria.

Name of child participating in Sibshops: _____ Birthdate: _____

PROGRAM SELECTION (Check one): _____ Age: _____

Kindersibs 4-6 years **Sibkids** 6-9 years **Sibteens** 13-18 years
10-12 years

PARENT(S) NAME: _____

MAILING ADDRESS: _____

PHONE: Home: _____ Cell: _____ Work: _____

Best time of the day to be reached: _____ email: _____

- Registration cannot be guaranteed until registration form and fees are received.

I hereby agree to indemnify, release and save harmless Community Options, its employees or contractors for any loss or damage through personal injury or otherwise and claims arising from any accident or sickness to the participant. *Including the transportation of your child in the event of an emergency.

Signed: _____ Date: _____

Kindersibs: There is a registration fee of \$35 per child for each session (5 dates).

Sibkids: There is a registration fee of \$35 per child for each session (8 dates).

Sibteens: There is a registration fee of \$50 per child for each session (5 dates).

Exemptions may be made; please contact the Sibshops Coordinator.

For office use only: _____ Date: _____

Payment received: Fee Waived:

Amount: \$ _____ cash cheque # _____

I would also like to make a donation of: \$ _____

Receipt issued: # _____

EMERGENCY CONTACT: Name: _____
(other than parent)

Relationship: _____ Phone: _____

PARTICIPANT INFORMATION:

School attending: _____ Grade: _____

Likes: _____

Dislikes: _____

Interests: _____

Please describe your interaction with your sibling who has special needs (including any concerns/issues you might have): _____

Care Card #: _____ Physician: _____

Allergies, food, or health/behaviour concerns: _____

Name of your sibling with special needs: _____ Age: _____

Nature of special needs: _____

Are there any other siblings in the family? Yes (please list names and ages) No
