



SIBSHOP INFORMATION FORM

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

Date: _____

Child's name: _____ Birth date: _____ Gender: _____

School: _____ Grade: _____

Does *this* child receive any special services (counseling, speech-language therapy, special education, etc)? _____

Parent(s) name(s): _____

Home address: _____ City: _____

State: _____ Zip: _____ E-mail: _____

Home phone: _____ Alternate phone(s): _____

Name of sibling with special needs: _____

Birth date: _____ Gender: _____

Name or description of disability or health concern: _____

School: _____

Other siblings:

Name	Birth date	Age	Gender
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Does the child enrolled for Sibshops have any food allergies or health restrictions that we should know about? _____

What do you hope your child will gain from Sibshops? Do you have any specific topics you would like addressed? _____

Please provide any information that will enhance your child's enjoyment of Sibshops:

I assume all risks and hazards of this program and release from responsibility any person who provides transportation to and from activities. In case of injury, I do hereby waive all claims or legal actions, financial or otherwise, against Family Support Network and any employees, organizers, sponsors, supervisors or volunteers connected with the program. In case of injury, I authorize a Sibshops supervisor to obtain needed medical care for my child.

Parent signature: _____

Private insurance company: _____

Policy number: _____ Policy holder: _____

Medicaid #: _____

Photo release:

I grant full permission to use any photographs of this program to promote the activities of the Family Support Network of Greater Forsyth.

Parent Signature

Date

Please return completed form to:

Family Support Network of Greater Forsyth
4505 Shattalon Drive
Winston-Salem, NC 27106
Or FAX to 336.924.0388

added to mailing list _____

