



## SIBSHOP REGISTRATION FORM

2012-2013

- Who:** Brothers and sisters of children with special needs.
- Ages:** 6-12 years
- What:** Sibshops are best described as opportunities for brothers and sisters of children with special needs to obtain peer support and education within a recreational context. Sibshops intersperse information and discussion activities with games that are unique and up-beat. Sibshops give siblings a chance to share, have fun, build friendships and find support!
- When:** **October 19, 2012; November 30, 2012**  
**February 22, 2013; April 5, 2013**
- Where:** Hope Presbyterian Church, Room 230 (Entrance 2)  
8500 Walnut Grove Road, Cordova, TN
- When:** 6:00-8:00 pm (pizza dinner provided)
- How Much:** \$10 per child per Sibshop session. A limited number of scholarships are available on a first-come, first-served basis.
- More Info Call:** Elizabeth Morgan, (901)448-1218, [emorga10@uthsc.edu](mailto:emorga10@uthsc.edu)  
Harwood Center  
or  
J. Carolyn Graff, (901)448-6511, [jgraff@uthsc.edu](mailto:jgraff@uthsc.edu)  
Boling Center for Developmental Disabilities  
711 Jefferson Ave., Memphis, TN 38105  
FAX: 448-4734 (Attn: Sibshops)

Sponsored by: The Harwood Center, Inc., Hope Presbyterian Church &  
The UTHSC Boling Center for Developmental Disabilities



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UT Boling Center for Developmental Disabilities

**PLEASE FILL OUT ONE FORM PER CHILD. Deadline for registration is one week prior to Sibshops.**

### Child being enrolled

Child's name: \_\_\_\_\_

Birth date: \_\_\_\_\_ Age: \_\_\_\_ Gender: \_\_\_\_\_

Has child ever attended a Harwood Sibshop before: Yes / No

When and Where? \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

### Parent(s) of child being enrolled

Parent(s) name(s): \_\_\_\_\_

Home address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: (\_\_\_\_\_) \_\_\_\_\_ Alternate/Emergency #: \_\_\_\_\_

Cell phone: (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

### Brother or Sister of child being enrolled

Name of brother or sister with special needs: \_\_\_\_\_

Birth date: \_\_\_\_\_ Age: \_\_\_\_ Gender: \_\_\_\_\_ School: \_\_\_\_\_

Nature of disability or illness:  
\_\_\_\_\_

What kinds of therapy services (e.g., speech, physical therapy, counseling, etc.) does this child receive?  
\_\_\_\_\_  
\_\_\_\_\_

### Information on child being enrolled

What are your reasons for enrolling your child in the Sibshop program?  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any concerns about the child you are enrolling in Sibshop?  
\_\_\_\_\_  
\_\_\_\_\_

Does your enrolled child have any food allergies or restrictions?  
\_\_\_\_\_

Are there any current issues or difficult aspects of your child's relationship with their sibling that he/she would benefit from discussing during our sharing time (i.e. embarrassment, worry, etc.)?  
\_\_\_\_\_

Please provide any other info that might make this an enjoyable and educational experience for your child:  
\_\_\_\_\_

**Parent or Guardian Signature**

**CONSENT TO HOLD HARMLESS**

I assume all risk and hazards of the conduct of the program and release from responsibility any person providing transportation to and from activities. In case of injury, I do hereby waive all claims or legal actions, financial, or otherwise, against Harwood Center, Inc., Hope Presbyterian Church, and UT Boling Center, their elected officials and employees, the organizers, sponsors, supervisors, or any volunteer connected with the program.

\_\_\_\_\_  
Signature of Parent or Guardian

Date: \_\_\_\_\_

**CONSENT TO PHOTOGRAPH, FILM, TAPE & INTERVIEW**

I agree to allow my child \_\_\_\_\_ to be interviewed, taped, filmed, or photographed by an individual approved by Harwood, the UT Boling Center for Developmental Disabilities or Hope Presbyterian Church with the understanding that such materials may be used for news publications, broadcast purpose and/or fundraising efforts to enhance the Sibshop programs. If any restrictions apply, please indicate

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian

Date: \_\_\_\_\_

**I would like to register my child(ren) for the following Sibshops:**

- |                                |                                |
|--------------------------------|--------------------------------|
| ____ Friday, October 19, 2012  | ____ Friday, February 22, 2013 |
| ____ Friday, November 30, 2012 | ____ Friday, April 5, 2013     |

In total, I am signing up \_\_\_\_ children @ \$10 per child (\$20 max per family) for \_\_\_\_ Sibshops.

TOTAL ENCLOSED \$ \_\_\_\_\_

*Please make all checks payable to Harwood Center, Inc. Thank you!*

**Please return forms and payment at least one week prior to Sibshop to:**

Harwood Center, Inc.  
Fax: (901) 448-4734 (Attn: Sibshops)  
711 Jefferson Avenue, Memphis, TN 38105

**Additional information** and registration forms are available by calling Elizabeth Morgan at (901) 448-1218 or Carolyn Graff at (901) 448-6511 or visiting the UT Boling Center website at [www.uthsc.edu/bcdd](http://www.uthsc.edu/bcdd). For more info on the Sibshop Program, visit the Sibling Support Project Website at [www.siblingsupport.org](http://www.siblingsupport.org).