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
Harwood Center

or

J. Carolyn Graff, (901)448-6511, 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
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:
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.

__________________________________________________    Date:___________________
Signature of Parent or Guardian

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

__________________________________________________
Date:___________________
Signature of Parent or Guardian

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

_____ Friday, October 19, 2012
_____ Friday, November 30, 2012
_____ Friday, February 22, 2013
_____ 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. For more info on the Sibshop Program, visit the Sibling Support Project Website at www.siblingsupport.org.