



Workshops for siblings of kids with developmental disabilities!
For more information call:
The Arc of Frederick County
301-663-0909 Ext. 127

2025 SIBSHOPS REGISTRATION FORM

Date: _____

Dates Your Child Will Attend:

- | | | | |
|---------------------------------------|-------------------------------------|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> January 11 | <input type="checkbox"/> March 8 | <input type="checkbox"/> April 12 | <input type="checkbox"/> May 10 |
| <input type="checkbox"/> September 13 | <input type="checkbox"/> October 11 | <input type="checkbox"/> November 8 | <input type="checkbox"/> December 13 |

Child's Name: _____

Date of Birth: _____ Age: _____

School: _____ Grade: _____

Does this child receive any special services (e.g., counseling, speech therapy, special education)? _____

Parent(s) Name(s): _____

Home Address: _____

Cell Phone: _____ Email: _____

How did you hear about Sibshops? _____

Name of brother or sister with disability: _____

Date of Birth: _____ Age: _____

Disability: _____

School: _____

What kind of related special education services (e.g., speech, occupational, or physical therapy, counseling, etc.) does this child receive?

Other Siblings:

<u>Name</u>	<u>Date of Birth</u>	<u>Age</u>	<u>Gender</u>
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What are your reasons for enrolling your child in the Sibshops program?

Please see other side →

Do you have any concerns about enrolling your child in the Sibshops?

Do you have any particular topics that you would like addressed during the Sibshops?

Does your child have any food allergies or restrictions?

Please provide any other information that you feel will make this an enjoyable and educational experience for your child:

I assume all risks 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 The Arc of Frederick County, their elected officials and employees, the organizers, sponsors, supervisors or any volunteer connected with the program. In absence of a signature, participation in the program shall constitute acceptance of the conditions set forth in the release.

Signature of Parent or Guardian

Date

How to Register Your Child for Sibshops!

Select the dates you would like your child to attend, then fill out the SibShops registration form and sign the release. Send the registration form for **Sibshops** by email to QIrby@arcfc.org or by mail to:

**The Arc of Frederick County
Attn: Qionna Irby
620-A Research Court
Frederick, MD 21703**

Please note: Sibshops are more like a club than a class! Don't worry if your child cannot attend every Sibshops during the upcoming sessions. Also, parents who learn about Sibshops after sessions have started are encouraged to register their child for the remaining dates.

Although we make every attempt to accommodate everyone who wishes to register we have a limited number of spaces for each Sibshop. Registration will be handled on a first-come, first-serve basis.

If you have any questions about the Sibshops registration process, please call Qionna at (301) 663-0909 Ext. 127 or email QIrby@arcfc.org.