



Young Sibshops, ages 4-7

A program just for brothers and sisters of kids with disabilities!
Here's what kids say about Sibshops:

"At **Sibshops** you get to meet other brothers and sisters of kids with disabilities."

"At **Sibshops** you get to play outrageous games!"

"At **Sibshops** you can talk about the good and not-so-good parts of having a brother or sister who has a disability."

"**Sibshops** have great craft and cooking activities!"

Young Sibshops are for kids ages 4-7 who have a brother or sister with health care, developmental, or therapeutic needs. They are a celebration on of the many contributions made by brothers and sisters.

Young Sibshops: September 26, 2009 and December 19, 2009
10:00 a.m. - 1:00 p.m.

Download the registration form from:

www.damar.org

**Registration is limited and money must be turned in no later than 12 noon
on the Thursday prior to the event!**

Danielle Lehman of Damar Services will be hosting a Sibshops at Damar Services, 6067 Decatur Blvd., Indianapolis, IN 46241. For more information about Sibshops, call Danielle at (317) 605-7497 or email her at daniellel@damar.org.



Young Sibshop Registration Form (Ages 4-7)

****Please be notified that there will be a requirement of at least 5 children in order for the Sibshop to occur. If the Sibshop is cancelled for any reason, parents will be notified by the Thursday before the Sibshop is to occur and money will be refunded.****

Date of Sibshop: _____

Child's Name: _____

Date of birth: _____ Age: _____ Gender: _____

School: _____

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

Parent(s)/Caregiver(s) Name: _____

Home address: _____

Home Telephone: _____ Cell Phone: _____

Email address: _____

Name of brother or sister with special needs: _____

Date of birth: _____ Age: _____ Gender: _____

Nature of special needs or illness: _____

School: _____

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

At what hospital does this child receive care? _____

Other siblings:

Name	Date of birth	Age	Gender
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What are your reasons for enrolling your child in the Sibshop program?

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

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

Parents are encouraged to attend the last hour of Young Sibshop to eat lunch with their child and participate in afternoon activities. Registration fees cover lunch for both the child and parent or guardian/caregiver.

Does your child have any food allergies or restrictions? _____

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

I assume all risks and hazards of my child's participation in Sibshop programs and activities sponsored by Damar Services. I do hereby waive all claims or legal actions, financial or otherwise, against the sponsoring organizations, the Sibshop site, or their elected and appointed officials and employees, the organizers, sponsors, supervisors or any volunteer connected with the program. I grant full permission to use any photographs, videotapes, motion pictures, recordings, or any other record of this program for any purpose. In absence of signature, payment of fees and child's participation in the program shall constitute acceptance of the conditions set forth in the release.

Signature of Parent or Guardian

Date

Please return this form and the registration fee (a check for \$10 for one sibling and \$15 for two or more) siblings made out to Damar Services, memo line stating Sibshops) and mail to:

Damar Services
Attn: Danielle Lehman, Sibshops
6067 Decatur Boulevard
Indianapolis, IN 46241