



**SIBSHOP INFORMATION FORM**

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

(PLEASE PRINT)

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

I am enrolling my child for Project Joy and Hope's Sibshop\* program for brothers and sisters of children with special health care needs.

Child's name: \_\_\_\_\_  
                                First                                Middle                                Last

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

Parent (s) Name(s)

Mother: \_\_\_\_\_ Father: \_\_\_\_\_

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

Email address: \_\_\_\_\_ Cell: \_\_\_\_\_

Emergency (alternate) contact: \_\_\_\_\_  
  Name  Phone

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

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

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

Name or description of disability, diagnosis, or health concern: \_\_\_\_\_

What kind of related special education services (e.g., speech, occupational or physical therapy, counseling, chemotherapy, etc.) does this child receive? Include date of diagnosis and other important details.

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Other Siblings:

| Name | Age | Gender |
|------|-----|--------|
|      |     |        |
|      |     |        |
|      |     |        |

What do you hope your child will gain from our Sibshop\*? Are there any particular topics you would like addressed?

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Does your enrolled child have any special needs, food allergies, or other health restrictions of their own that we should know about? \_\_\_\_\_

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Please provide any other information that you feel would make Sibshops a more enjoyable and educational experience for your child: \_\_\_\_\_

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Would you like your name and email placed on a list to be distributed to siblings and their families?

\_\_\_yes \_\_\_ no

Comments: \_\_\_\_\_

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I hereby give my child permission to participate in Sibshops. I also agree to hold Project Joy and Hope harmless for any and all liability incurred as a result of my child's participation. Further, I grant full permission to use any photographs, videotapes, recordings or any other record of this program for the purpose of education and promotion of Sibshops.

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

of Parent or Guardian

***Please return the Registration form to:***

***Project Joy and Hope - 3207 Tulip Street, Pasadena, TX 77508***

***Or you may also FAX this form to: 713-944-5533***

***or email to [director@joyandhope.org](mailto:director@joyandhope.org)***

**Our staff will call you upon receipt of this completed form to go over final details, answer any additional questions you may have, and provide directions to the Sibshop.**

***Sibshop Dates: Second Saturdays monthly beginning Saturday, September 10th, 2022***

***Summer Camp Dates: June 21, 22, and 23 - 2022 (free) for all students with excellent attendance. For information or to register by phone call 713-944-6569.***



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