

(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: | | | |
| Emergency (alternate) con | tact: | | |
| | Name | | Phone |
| Name of brother or sister v | with special needs: | | |
| Birth date: | Age: | Gender: | |
| School: | | | |
| Name or description of dis | | | |
| What kind of related specia | - | | |
| counseling, chemotherapy | , etc.) does this child rec | ceive? Include dat | <u>e of diagnosis</u> and other important |
| details. | | | |
| | | | |
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| Name | Age | Gender |
|------|-----|--------|
| | | |
| | | |
| | | |

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

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

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

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

Comments:_____

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

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 14th, 2024 Summer Camp Dates: Free for all students with excellent attendance. For information or to register by phone call 713-944-6569.



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