



## SIBSHOP INFORMATION FORM

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

Child's Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

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

Parent(s) Name(s): \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_

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

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

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

Name or description of health concern: \_\_\_\_\_

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



### Snowflake House Respite Foundation

**"Where Everyone is Different and Everyone is Beautiful"**

Snowflake House is an organization of caring individuals whose purpose is to provide temporary, quality respite relief for families and caregivers of persons with special needs in Lloydminster, AB/SK and Area. In this way we strive to provide excellent support to strengthen families and allow families to stay together as long as possible.

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?

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 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 **Snowflake House Respite Foundation** 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 and **Snowflake House Respite Foundation**.

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

Signature of Parent or Guardian

Please return with Registration Form and payment to:

Sibshops  
5103-56A St  
Lloydminster, AB  
T9V 0T3

Additional information and registration forms can be found by calling (780)875-0827 or emailing [shrf.president@gmail.com](mailto:shrf.president@gmail.com)

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