

# SIBSHOPS Registration Form

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

Childs Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Gender: Male  Female

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

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

Phone: (Home) \_\_\_\_\_ Business: \_\_\_\_\_ Cell: \_\_\_\_\_

Name of Brother/Sister with special needs: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Gender: Male  Female

Nature of their disability: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other Sibling(s)

Name	Date of Birth	Age	Gender

What are your reasons for enrolling your child in the Sibling Workshop?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you or your child have any particular topics that you would like addressed during the workshop?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child have any food allergies or restrictions?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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Please return this form along with the registration fee \$20.00 (cheques made payable to Reena) or we also accept Master Card and VISA.

Cash  Cheque

VISA  MasterCard # \_\_\_\_\_ Exp: \_\_\_\_\_

Card Holder Name: \_\_\_\_\_

Card Holder Signature: \_\_\_\_\_

To: Leora Kaizer  
927 Clark Ave West  
Thornhill, Ontario  
L4J 8G6

If you have any further questions please contact:

Leora Kaizer @ 905-889-2690 ext 2116 or lkaizer@reena.org