



### SIBSHOPS INFORMATION FORM 2017-2018

This information form must be completed for all who wish to participate in Sibshops during the upcoming school year, even those that have participated in prior years—Please fill out one for each Sibling who will be in attendance. Thank you!

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

Child's name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Race: \_\_\_\_\_

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

We provide lunch, does your child have any special dietary restrictions and if so what are they? \_\_\_\_\_

\_\_\_\_\_

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

Home Address: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Income Level:

Name of Brother/sister with special needs: \_\_\_\_\_ Age: \_\_\_\_\_ Gender \_\_\_\_\_

School: \_\_\_\_\_ Name or description of disability \_\_\_\_\_

What kind of special ed services do they receive: (speech, OT, PT, Counseling etc.) \_\_\_\_\_

\_\_\_\_\_

Other Siblings:

Name:	Age:	Gender:

What do you hope your child will gain from Sibshops?

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Are there any particular topics you would like addressed?

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Does your child have any food allergies, or any other health restrictions we should know about?

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Would you like your name placed on a list to be distributed to siblings and their families?  Yes  No

I hereby give my child permission to participate in Sibshops. I also agree to hold Ollie Webb Center, Inc. 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 for brothers and sisters of children with developmental disabilities. I understand that the United Way of the Midlands provides partial funding for this program. I give permission for Ollie Webb Center, Inc. to release the gender, birth date, race, income level and zip code of the participating child to the United Way of the Midlands as statistical documentation for this funding.

\_\_\_\_\_  
Signature of Parent or Guardian

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

Please return this information with your registration form and payment to:

Ollie Webb Center, Inc.  
Attention: Amanda Clark  
1941 South 42<sup>nd</sup> Street, Ste. 122  
Omaha, NE. 68105-2942

Additional registration forms and information are available by calling (402) 346-5220 Ext 31 – Amanda Clark