



SIBSHOP REGISTRATION FORM
In conjunction with
Child Improvement through Therapy
(CITT)



Please circle date(s) for registration:

September 11, 2010 November 13, 2010 February 26, 2011 April 9, 2011

Time: 10am to 2pm

Location: Conference Room 1, Hospice of the Valley,
1510 E. Flower St., Phoenix 85014
(Just South of Osborn and West of 16th Street)

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

Child's name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

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

Does this child receive any special services (e.g., counseling, speech therapy, special education)?

\_\_\_\_\_

Parent(s) name(s): \_\_\_\_\_

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

Home telephone: \_\_\_\_\_

Mobile telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

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

Date of birth \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Nature of disability or illness: \_\_\_\_\_

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

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

\_\_\_\_\_

Other siblings

Name Date of birth age gender

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What are your reasons for enrolling your child in the Sibshop program?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have any concerns about enrolling your child in the Sibshop?

\_\_\_\_\_

\_\_\_\_\_

Please see other side!

Do you have any particular topics that you would like addressed during the Sibshop?

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Does your child have any food allergies or restrictions?

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

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I assume all risks and hazards of the conduct of the program and release from responsibility, claims, or legal actions, financial or otherwise, against any of the facilitators/co-facilitators representing *Child Improvement through Therapy (CITT)* or *Ryan House*, their elected officials and employees, the organizers, sponsors, supervisors or any volunteer connected with the program. In absence of a signature, payment of fees and participation in the program shall constitute acceptance of the conditions set forth in the release. I grant full permission to use any photographs, videotapes, motion pictures, recordings, or any other record of this program for any purpose.

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Signature of parent or guardian

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Date

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Printed name of parent or guardian

Is your child new or returning to Sibshops? \_\_\_\_\_

How did you hear about Sibshops? \_\_\_\_\_

Please return this form and the registration fee\* (a check made to *Ryan House* for \$15.00 per Sibshop) and mail to:

*Ryan House*  
*P.O. Box 16234*  
*Phoenix, AZ 85011-6234*

\* The registration fee helps offset expenses for materials and lunch provided at the Sibshop. **If you would like your child to be considered for a scholarship, please e-mail *Holly Cottor* at [hcottor@RyanHouse.org](mailto:hcottor@RyanHouse.org). Donations to the Sibshop Scholarship fund are gratefully accepted!**