



Sibshop Registration Form

One form per child, please. You may copy this form.

Confidential Registration Information

Child's Name _____ D.O.B. ____/____/____ Gender _____

List pertinent information or accommodations _____

Parent(s)/Guardian(s) Name(s) _____

Address _____

City _____ Zip _____

Phone () _____ E-mail _____

Name of sibling who has a disability _____

Disability _____

D.O.B. ____/____/____ Gender _____

Permission for medical treatment

Do you give Arc Greater Twin Cities permission to obtain emergency medical treatment if your child has a medical emergency and neither you nor your emergency contact can be reached?

Yes No

Emergency contact name _____

Relationship _____

Phone () _____

Signature _____

Photo Release

I do do not give Arc Greater Twin Cities permission to take photos of my child and use them in the Sibshop program and Arc Greater Twin Cities publication/web sites.

Signature _____

Date _____

(more)

Program Information

Sibshop Location _____

- Sibshop I (ages 6-8)
- Sibshop II (ages 9-12)

Sibshops are free for Arc members; \$10 per session for non-members.

- I am a member- no charge
- I am not currently a member but would like to join now.
- I do not wish to become a member and will pay \$10 per session per participant.

Payment Options

Please select one below

- \$30 Individual membership (one adult and all children in household)
- \$40 Household membership (two adults and children in household)
- I prefer not to join as a member and will pay \$10 per session for my child

My check of \$_____ is enclosed, payable to Arc Greater Twin Cities.
Check # _____

Charge my credit card for \$ _____

Complete information below:

- Visa American Express
- MasterCard Discover

Name on Card _____

Card # _____

Exp. Date _____ Security Code _____

Address _____

Signature _____

Mail registration form and payment to:

Arc Greater Twin Cities
2446 University Ave. W., Suite 110
St. Paul, MN 55114

Fax: 952-920-1480
Phone: 952-920-0855