



“Sibshop” Child/Teen Application

Contact Information

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| Date of Application | |
| Child's Name | |
| Child's Date of Birth | |
| Gender of Child | |
| Current Grade Level | |
| Name of Current School and School District | |
| Name of their Sibling's Disability | |
| Parent's Names | |
| Street Address | |
| City STATE, ZIP Code | |
| Home Phone | |
| Cell Phone | |
| E-Mail Address | |

Availability for Participation in a Sibshop

Please select as many as apply:

| | | |
|--------------------|--------------------|----------------------|
| Weekday mornings | Weekend mornings | Special Notes: _____ |
| Weekday afternoons | Weekend afternoons | _____ |
| Weekday evenings | Weekend evenings | _____ |

Questionnaire

What are your child's Special Interests or Hobbies?

What are your child's favorite games, activities and themes to play?

What sorts of games, activities and themes are difficult or non-preferred for your child to engage in?

Please describe the current relationship between your child and their sibling with special needs?

Does your child know the specific name of their sibling's diagnosis?

Please provide any additional information that would help us best support your child in their Sibshop experience!

Medical Conditions

Please list any Medical Conditions and Medications that your child is currently treated by:

Allergies and Food Preferences

Depending on the Sibshop session selected, a snack or lunch may be provided to your child. You will have the option to send in your own snack if you prefer to meet your child's dietary restrictions.

Please list any and all environmental and food allergies.

Also please list any **highly preferred** foods, snacks & drinks and **non-preferred** foods, snacks & drinks.

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Person to Notify in Case of Emergency

| | |
|------------------|--|
| Name | |
| Street Address | |
| City ST ZIP Code | |
| Home Phone | |
| Work Phone | |
| E-Mail Address | |

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Our Directors will contact you as soon as a Viable Group has availability and we can match your individual needs accordingly. This may take some time to find the best fit and groups are currently formed on an ongoing basis. If you would like referrals to other Sibshops in your area, please visit www.siblingsupport.org

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if my child is matched to an appropriate Sibshop, any false statements, omissions, or other misrepresentations made by me on this application may result in immediate dismissal from that group session.

In addition, photos and/or videos may be taken of your child participating in our groups! These photos/videos may be utilized on the Social Media or Website and Marketing Materials for OUR VILLAGE to help spread the word on our programs to families in our community.

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|-----------------------|--|
| Parent Name (printed) | |
| Signature | |
| Date | |

Please scan and email this form to: mfyfe@ourvillageslc.org or mail it to:

1444 Aviation Blvd., Suite #102, Redondo Beach, CA 90278

Thank you for completing this application form and for your interest in our programs at

OUR VILLAGE, Social Learning Community, a 501 (c)(3) non-profit agency!

Visit us for more information at: www.ourvillageslc.org