

Saratoga Bridges Sibshop Registration Form

Child's Name: _____ Male Female

Date of Birth: _____ Age: _____ School Attending: _____

Any special services received by this child (special education, speech therapy)? _____

Parent(s) Name(s): _____

Home Address: _____

Home Telephone: _____

Name of brother(s)/sister(s) with special needs: _____ Age(s): _____

Where does she/he go to school? _____

What type of special services does your child receive? Describe your child's special needs/disabilities:

Other children in your family:

<u>Name</u>	<u>Age</u>	<u>School</u>
1. _____		
2. _____		
3. _____		

Does your child who is participating in Sibshops have any food allergies or restrictions?

Has your child ever participated in a sibling group prior to this? If yes, when and where

What do you hope your child will gain from participating in this group?

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

Please provide a phone number in case of an emergency, where you can be reached during Sibshops: _____

I assume all risks and hazards of the conduct of the program. In case of injury, I do hereby waive all claims or legal actions, financial or otherwise against Saratoga Bridges, their elected or appointed official and employees, the organizers, supervisors or any volunteer connected with Sibshops. In absence of signature, participation in this program shall constitute acceptance of the conditions set forth in the release.

Signature of Parent

Date

Return to: Patricia Paduano, Saratoga Bridges, 16 Saratoga Bridges Blvd., Ballston Spa NY 12020

For further information of questions: Patricia Paduano – 587-0723 ext. 1254 or ppaduano@saratogabridges.org