

**Family Support Network of Central Carolina
Sibshops Information Form
2011-2012**

Date: _____

Participant's name: _____

Date of birth: _____ Age: _____

School: _____ Grade: _____

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

Parent(s) name(s): _____

Home address: _____ city _____ zip _____

Home Telephone: _____

Cell: _____ email _____

Name of brother or sister with special needs: _____

Date of birth: _____ Age: _____

Diagnosis: _____

School/Services: _____

Other siblings:

Name: _____ Age: _____

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

***Please turn form over to complete**

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

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

Does your child have any food allergies or restrictions?

I assume all risk and hazards of the conduct of the program and release from responsibility any person providing transportation to and from activities. In case of injury, I do hereby waive all claims or legal actions, financial, or otherwise against Family Support Network of Central Carolina and Kidspath, 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 and acceptance of conditions set forth in the release. I grant full permission to use my photographs, videotapes, motion pictures, recordings or any other record of this program for educational/promotional purposes.

Registration Information

Payments are non-refundable. Space is limited.

Limited number of scholarships are available for qualifying families - please contact FSN for details.

Pay for all 6 sessions:

\$50.00 for 1 child

\$75.00 for 2 or more in same family

Pay per session:

\$10.00 for 1 child

\$15.00 for 2 or more in same family

**Please return registration form and payment to: Family Support Network
801 Green Valley Rd.
Greensboro, NC 27408**

Please make check payable to: Family Support Network

Signature of parent or guardian

Date

Questions? email us at support@fsncc.org or call (336) 832-6507
