

Sibshops Montgomery Registration Form

Date: _____

Child's Name: _____

Date of Birth: _____

Age: _____

Gender: _____

Grade: _____

School: _____

T-shirt Size: _____

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

Parent(s) Name(s): _____

Home Address & Phone Number:

Name of brother or sister with special needs: _____

Age: _____

Grade: _____

Nature of disability: _____

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

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

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

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

Does your child have any food allergies or restrictions? _____

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

I assume all risks 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 Sibshops Montgomery, their elected and appointed officials and employees, the organizers, the sponsors, supervisors, or any volunteer connected with the program. In absence of a signature, payment of fees and participation in the program shall constitute full 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.

Signature of Parent or Guardian

Date

Please return this form and the registration fee* (a check for \$25.00 made out to Sibshops Montgomery/Autism Society of AL) and mail to:

Sibshops Montgomery
C/O Aria Vainstein
744 Cloverdale Road
Montgomery, AL 36106

*If you would like for your child to be considered for a scholarship, please call 1-877-4-AUTISM. Donations to the Sibshops Montgomery Scholarship Fund are gratefully accepted!