



## “Sibshop” Child/Teen Application

### Contact Information

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:

<input type="checkbox"/> Weekday mornings	<input type="checkbox"/> Weekend mornings	Special Notes: _____
<input type="checkbox"/> Weekday afternoons	<input type="checkbox"/> Weekend afternoons	_____
<input type="checkbox"/> Weekday evenings	<input type="checkbox"/> Weekend evenings	_____

### Questionnaire

What are your child's Special Interests or Hobbies?

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

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

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

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

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**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](http://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.

Parent Name (printed)	
Signature	
Date	

Please scan and email this form to: [mfyfe@ourvillageslc.org](mailto: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](http://www.ourvillageslc.org)