



A program just for siblings of kids with special needs!
Sibshops provide siblings of individuals with disabilities peer support and information in a lively, recreational setting.

Join us for a Sibshop in your area!!!

Date: Saturday, March 23rd

Location: Charles River Center

59 E. Militia Heights Drive, Needham, MA 02492

Time: 1:00 pm– 3:00 pm

Ages: 7-12

Cost: \$10/sibling

At Sibshops we will:

- Meet other siblings of children with special needs
 - Have fun!
- Talk with others who “get it” about the good and not-so-good parts of having a sib with special needs
 - Play some great games
 - Learn how other brothers and sisters handle sticky situations
- Learn something about the services their brothers and sisters receive
 - Laugh and have some more fun!

For the adults who run them and for the agencies that sponsor them, Sibshops are evidence of their loving concern for the family member who will have the longest-lasting relationship with a person who has a disability.

For more information and to register, contact Janelle Portmann at jportmann@charlesrivercenter.org or (781) 524-2235



SIBSHOP INFORMATION FORM

(Please print and fill out 1 form for each sibling attending!)

Child's name: _____ Date: ____/____/____
Birth date: ____/____/____ Age: ____ Gender: ____ Grade: _____
School: _____

Has your child ever attended a Sibshop before? ____ If yes, where? _____

Parent(s) Name(s): _____

Home address: _____ City: _____
State: _____ Zip: _____ Best Phone to be reached at: _____

Name of sibling with special needs: _____

What do you hope your child will gain from our Sibshop? Are there any particular topics you would like addressed?

Does your enrolled child have any special needs, food allergies, or other health restrictions of their own that we should know about?

Please provide any other information that you feel would make Sibshops a more enjoyable and educational experience for your child:

I hereby give my child permission to participate in Sibshops. I also agree to hold Children's harmless for any and all liability incurred as a result of my child's participation. Further, I grant full permission to use any photographs, videotapes, recordings of any other record of this program for the purpose of education and promotion of Sibshops. If my child is enrolled in Sibshops for brothers and sisters with developmental or learning needs, I understand that King County Division of Developmental Disabilities Discovery Trust/Family Support Expansion Grant provides partial funding for this program. I give permission to Children's to release the name, birth date, and diagnosis of the child with special needs to King County as part of the documentation of this funding.

Date: _____

Signature of Parent or Guardian