

**WORKSHOPS FOR SIBLINGS OF CHILDREN WITH SPECIAL NEEDS**

**2019/2020**

**Dates**  
 **2019:** September 19, October 17, November 21, December 12  
**2020:** January 16, February 20, March 19, April 16, May 21

**Time Location** 5:30 – 8:00pm 1538 25th Ave NE  
 (Zurich Court)  
   
 Pizza, drinks and snacks will be provided

Please fill out one form per registrant and email to [Lindsay.cummings@mcmancalgary.ca](mailto:Lindsay.cummings@mcmancalgary.ca)

|  |  |
| --- | --- |
| **SIBS NAME** |  |
| **BIRTHDAY** |  |
| **PARENTS NAME** |  |
| **HOME ADDRESS** |  |
| **HOME PHONE** |  |
| **CELL PHONE** |  |
| **NAME OF SIBLING WITH A DISABILITY** |  |
| **AGE** |  |
| **DIAGNOSIS** |  |

Where did you hear about McMan Sibshops?

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

Do you have any concerns about enrolling your child in Sibshops?

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

Does your child have any food allergies or restrictions?

Are there any medical/health concerns we should be aware of?

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

In case of injury, I do hereby waive all claims or legal actions, financial, or otherwise against McMan Calgary, their elected officials and employees, the organizers, sponsors, supervisors or any volunteer connect with the program. In constitute acceptance of the conditions set forth in the release.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of parent/guardian Date

**(type in name if emailing form)**

|  |
| --- |
| **Payment**  Payment**\*** of $135 is due, or arrangements must be made, at time of registration  Cheques (made out to “McMan Calgary”) can be mailed to, or dropped off, at our office  **McMan Calgary, 1538 25th Ave. NE, T2E 8Y3**  Arrangements can be made to pay by card by contacting Lindsay  **\***Please contact Lindsay in the event cost is a concern  403.508.7733 or [lindsay.cummings@mcmancalgary.ca](mailto:lindsay.cummings@mcmancalgary.ca)  **Once your registration and payment has been received, you will receive an  email with more information and details about the Sibshops sessions**  **If you have any questions at all, do not hesitate to ask** |