



**Community Options**  
FOR CHILDREN AND FAMILIES



## SIBSHOPS REGISTRATION

To help us meet your needs, please provide the following information and return to info@communityoptions.bc.ca. The completed form may also be faxed to 250-389-1110; or dropped off at the Community Options office at 1595 Bay Street in Victoria.

Name of child participating in Sibshops: \_\_\_\_\_ Birthdate: \_\_\_\_\_

PROGRAM SELECTION (Check one):

Age: \_\_\_\_\_

**\*\*\*Please find attached Program description and dates**

**\*\*All Programs will take place at 1595 Bay Street**

**Kindersibs** 4-6 years

**Sibkids** 7-12 years

**Sibteens** 13-18 years

Fall Term

Fall Term

Fall Term

Winter Term

Winter Term

Spring Term

Spring Term

Spring Term

Kindersibs: There is a registration fee of \$35 per child for each term (5 session dates).

Sibkids: There is a registration fee of \$35 per 5 session term (Winter) and \$50 per 8 session term (Fall & Spring).

Sibteens: There is a registration fee of \$50 per term (5 session dates).

For office use only:

Date: \_\_\_\_\_

Payment received:  Fee Waived:

Amount: \$ \_\_\_\_\_ cash  cheque  # \_\_\_\_\_

I would also like to make a donation of: \$ \_\_\_\_\_

Receipt issued: # \_\_\_\_\_

PARENT(S)/LEGAL GUARDIAN NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHONE: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

email: \_\_\_\_\_

EMERGENCY CONTACT: Name: \_\_\_\_\_  
(other than parent)  
Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**PARTICIPANT INFORMATION:**

School attending: \_\_\_\_\_ Grade: \_\_\_\_\_

Care Card #: \_\_\_\_\_ Physician: \_\_\_\_\_

Allergies, food, or health/behavior concerns: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of your sibling with special needs: \_\_\_\_\_ Age: \_\_\_\_\_

Nature of special needs: \_\_\_\_\_

- Registration cannot be guaranteed until registration form and fees are received.

I hereby agree to indemnify, release and save harmless Community Options, its employees or contractors for any loss or damage through personal injury or otherwise and claims arising from any accident or sickness to the participant. \*Including the transportation of your child in the event of an emergency.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Photograph Permission to Release Form**

I understand and am in agreement that the photograph(s) taken of my child during their participation in the Sibshop program may be used for promotion and publicity purposes for Community Options for Children and Families, including posting on the Community Options Website

- Yes, I give Consent
- No, I do Not give Consent

Signed: \_\_\_\_\_ Date: \_\_\_\_\_